

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Cigarette Restitution Fund Programs

PROGRAM ELEMENT:

Cancer Prevention, Education, Screening, and Treatment

PROGRAM MISSION:

To eliminate the greater incidence of and higher morbidity rates for cancer in minority populations, and to increase the availability of and access to health care services for uninsured individuals and medically underserved populations

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Percentage of low-income uninsured residents found with cancer who received treatment and follow-up	100	100	100	100	100	100
Percentage of medically underserved and uninsured individuals screened who are provided with access to health care services	100	100	100	100	100	100
Number of patients found to have pre-cancerous colon polyps	20	50	75	50	53	45
Number of patients found to have colon cancer	3	3	4	3	2	2
Number of oral cancers detected and treated	1	0	1	1	0	1
Service Quality:						
Percentage of individuals satisfied with the cancer screening program services	NA	NA	100	100	100	100
Efficiency:						
Average cost of a colorectal cancer screening (\$)	NA	NA	1,201	1,201	1,411	1,440
Average cost of an oral cancer screening (\$)	NA	NA	45	45	29	56
Workload/Outputs:						
Number of persons educated on cancer prevention through outreach efforts	6,694	^b 11,000	^b 21,500	10,000	18,000	15,000
Number of oral cancer examinations performed	386	1,196	^a 811	500	779	400
Number of colonoscopies performed on uninsured individuals	215	445	253	300	255	250
Inputs:						
Expenditures (\$000)	1,872	1,872	^a 1,092	1,092	1,092	1,092
Workyears	5.0	5.0	4.3	4.3	4.3	4.3

Notes:
^aReflects grant reduction.

^bEstimated, based on additional media campaign figures.

EXPLANATION:

The Cancer Prevention, Education, Screening, and Treatment Program was established under the Cigarette Restitution Fund law to combat cancer in Maryland. The Cigarette Restitution Fund law requires that counties in Maryland develop plans and seek ways to increase community understanding of cancer prevention measures and the benefits of screening. A large number of community-based organizations and institutions, including the major community hospitals, have been working within a coalition called the Montgomery County Cancer Crusade to raise awareness of the importance of cancer screening for all County residents and to provide free screening and treatment services for those who are uninsured and low-income. The targeted cancers for education, outreach, screening, and treatment are colorectal, oral, and prostate cancers.

Currently, twelve colon cancer, six prostate cancer, and one oral cancer patients are receiving intensive case management and diagnostic follow-up. However, over 100 patients at high risk and with pre-cancerous lesions are being followed with regular check-ups and diagnostic tests. The program includes extensive outreach and education efforts for cancer prevention and the benefits of screening. Overall, the program was successful in reaching the target population for cancer screenings, in detecting cancers early, and in providing access to further diagnostic and treatment services.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: American Cancer Society, American Lung Association, Adventist Health Care, Holy Cross Hospital, Suburban Hospital, Montgomery General Hospital, Primary Care Coalition, National Cancer Institute, University of Maryland, Johns Hopkins Medical Institutions, Montgomery County Medical Society, Montgomery County Community Partnerships, Montgomery County Public Schools, Montgomery College, African American Health Program, Latino Health Initiative, Asian American Cancer Program.

MAJOR RELATED PLANS AND GUIDELINES: Department of Health and Mental Hygiene Minimal Elements for Cancer Screening and Treatment, Montgomery County Comprehensive Plan for Cancer Control, Healthy People 2010 Screening Objectives.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Cigarette Restitution Fund Programs

PROGRAM ELEMENT:

Tobacco Use Prevention and Cessation

PROGRAM MISSION:

To reduce the prevalence of tobacco use and to promote healthy living and smoke-free environments, thereby reducing death and illness associated with tobacco use

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Young people making smart choices

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Percentage of adults using tobacco products ^a	NA	10	12	9	9	8
Percentage of youth (under 18) using tobacco products ^a	NA	17	13	12	12	10
Percentage of youth leaders and tobacco control advocates reporting improved knowledge, perception, and attitude about tobacco use	100	100	100	100	100	100
Service Quality:						
Percentage of community organizations recruited that support an environment that reinforces non-smoking behaviors	NA	95	100	100	100	100
Efficiency:						
Average cost per smoking cessation outreach initiative (\$)	NA	493	449	436	610	439
Workload/Outputs:						
Number of educational outreach programs on second-hand smoke exposure	12	13	15	15	18	15
Number of youth access tobacco compliance checks performed ^b	1,852	1,900	1,500	1,500	973	1,300
Number of health care providers reached with tobacco cessation information ^c	200	250	250	300	325	0
Number of organizations funded for tobacco control activities	15	10	10	12	12	10
Inputs:						
Expenditures (\$000)	1,067	1,067	^d 792	792	792	687
Workyears	3.2	3.2	^d 3.0	3.0	3.0	3.0

Notes:
^aFindings on tobacco use among youth and adults are based on the Maryland Baseline Tobacco Study.

^bYouth access tobacco compliance checks are investigations performed on merchants to track any tobacco sales to youth under 18 years of age.

^cThis activity is no longer provided under this program element.

^dA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures. This also reflects a reduction in grant funding.

EXPLANATION:

As part of Maryland's strategy to reduce tobacco use and curtail the negative health consequences of such use, and as a result of its lawsuit against the tobacco industry, the State enacted the Cigarette Restitution Fund legislation. A requirement of this legislation is the Tobacco Use Prevention and Cessation Program - a local public health effort charged with implementing programs and identifying ways to reduce the impact of disease, health disparities, and death associated with tobacco use. Major emphasis is placed on reducing the initiation of tobacco use and providing outreach to all populations, with special emphasis on high-risk and targeted groups.

Local community programs have been central to tobacco use prevention programs. More than 65% of the funds are allocated to local community organizations. Local organizations funded for community-based and school-based cessation and enforcement initiatives include community-based minority groups, Montgomery College, and the Montgomery County Public Schools. The programs work together to promote policies and provide services that promote smoke-free schools and communities through targeted media advocacy. They have successfully implemented youth rallies, participated in legislative hearings, and empowered their peers through leadership training in the tobacco control movement. They have displayed great creativity and dedication in tracking youth-driven tobacco use prevention activities. The enforcement programs fund the Board of Liquor License Commissioners and the Licensing and Regulatory Division of Public Health Services to enact and enforce local ordinances and regulations designed to make it harder for youth to buy tobacco products from retail establishments and vending machines, and to protect the public from environmental tobacco smoke. Montgomery County Public Schools has initiated a comprehensive evaluation of the effectiveness of their tobacco use prevention curriculum and is ensuring that all health education teachers implement the program with fidelity. The program also focuses on preventing or interrupting habitual use among risk-taking youth and identifying smokers, motivating them to quit, and providing smoking cessation services when needed.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: American Cancer Society, American Lung Association, Commission on Health, Montgomery County Community Partnerships, Montgomery County Public Schools, Students Oppose Smoking, Montgomery College, African American Health Program - Oral Health Initiative, Latino Health Initiative, Board of Liquor License Commissioners.

MAJOR RELATED PLANS AND GUIDELINES: Centers for Disease Control's Best Practices for Comprehensive Tobacco Control Programs, Governor's Task Force to End Smoking in Maryland, CRF Senate/House Bill 896/1425.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Communicable Disease, Epidemiology, and Lab Services

PROGRAM ELEMENT:

Care for Rabies Exposure

PROGRAM MISSION:

To prevent rabies disease in humans

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
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Outcomes/Results:

Percentage of residents at-risk for exposure to rabies virus that initiate post-exposure care	99	98	99	98	99	99
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Service Quality:

Percentage of at-risk exposed residents who receive counseling within one working day	100	100	100	100	100	100
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Efficiency:

Average cost per client counseled for rabies prevention (\$)	514	552	^a 1,131	1,207	989	1,287
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Workload/Outputs:

Number of residents exposed to animals at risk for rabies	185	172	160	150	183	150
Number of residents initiating post exposure care	NA	126	75	85	90	85

Inputs:

Expenditures (\$000)	95	95	^a 181	181	181	193
Workyears	1.4	1.4	1.4	1.4	1.4	1.5

Notes:

^aA quality audit conducted in FY04 resulted in a reallocation of expenditures.

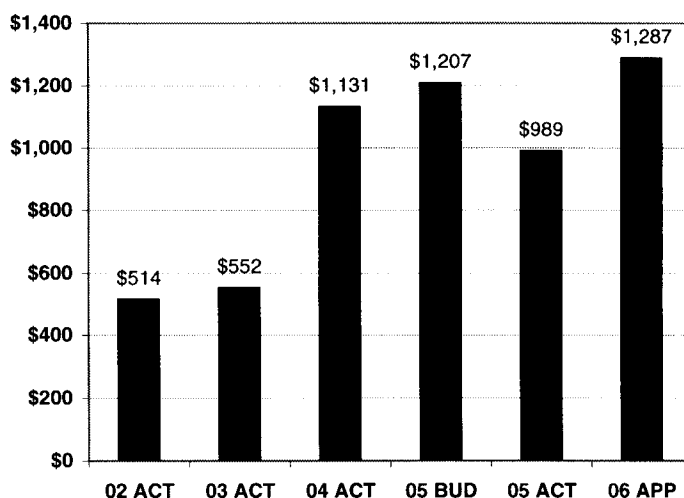
EXPLANATION:

People have the potential to contract rabies, a fatal disease, from exposure to an infected animal. This program determines which bites have potential rabies virus risk. Community Health Nurses counsel the individual and ensure that the proper medicines are given to the patient for administration by their physician.

In FY05, 90 people initiated post exposure care. There were no multiple exposure outbreaks during FY05. Volume continues to be heaviest during the warmer weather months. There were 1,101 reported animal bites in FY05, but only 183 required rabies counseling.

The clinical program has developed a rabies data base with the help of a medical resident. The program is actively tracking physician reporting after treatment.

Average Cost per Client for Rabies Prevention



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland State Department of Health and Mental Hygiene, Montgomery County Police - Animal Services Division, local private care providers.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.06.01 Communicable Diseases, COMAR 10.06.02 Rabies, Department of Health and Mental Hygiene Policy and Procedure Manual, American Advisory Committee for Immunization Practices on Rabies.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Communicable Disease, Epidemiology, and Lab Services

PROGRAM ELEMENT:

Childhood Lead Poisoning Prevention Program

PROGRAM MISSION:

To protect children from the effects of lead poisoning through education and outreach focused on early testing and intervention

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES^a

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Number of children tested found to have elevated blood lead levels ^b	61	53	81	42	25	40
Percentage of children tested found to have elevated blood lead levels ^b	0.5	^c 0.5	0.5	0.2	^b NA	0.2
Percentage of children tested who were under the age of 6 ^{b,d}	16	13	21	32	^b NA	32
Service Quality:						
Percentage of families satisfied with case management services ^e	NA	NA	NA	90	100	91
Percentage of physicians satisfied with outreach efforts ^f	NA	NA	NA	85	98	86
Efficiency:						
Average case management caseload (cases per case manager) ^g	61	53	47	42	25	40
Workload/Outputs:						
Number of children tested for lead exposure ^b	12,082	10,163	15,934	24,200	^b NA	23,000
Inputs:						
Expenditures (\$000)	NA	NA	NA	80,000	80,000	84,000
Workyears	NA	NA	NA	0.5	0.5	0.5

Notes:

^aThis program has existed informally as an unfunded mandate for many years. Increased community awareness and concern about the dangers of lead poisoning and lead in the water, new requirements for documentation of lead testing by the schools, and stricter landlord/tenant regulations have led the Department of Health and Human Services to refocus its efforts in this area and to target increased outreach and education to medical providers, homeowners, tenants, and landlords.

^bCalendar year data (FY03 = CY03) provided by the Maryland Department of the Environment (MDE). The MDE figures consolidate the results for all blood lead tests of children who live in Montgomery County, regardless of who does the testing and where the test is conducted. MDE reports this information by calendar year, with a one year lag (FY05 figures will not be available until early 2007).

^cStatewide, the percentage of children tested for lead exposure that were found to have elevated blood lead levels was 2.2% in 2003.

^dThe earlier a lead-poisoned child is diagnosed and treated, the less likely it is that brain damage will occur.

^eCase management services are provided by the Department of Health and Human Services in varying degrees to all County children who have a venous blood lead level of 10 micrograms per deciliter. (MDE informs the County's Lead Nurse Case Manager of children residing in the County whose blood lead test results exceed 10.)

^fOutreach efforts to increase the number of children tested for blood lead levels are focused on medical providers.

^gThese are calendar year figures.

EXPLANATION:

The Childhood Lead Poisoning Prevention Program (CLPPP) provides case management services to children with blood lead levels greater than 10 micrograms per deciliter. Federal guidelines dictate the services provided; the services increase based on the blood lead level. Case management services and lead poisoning prevention outreach and education services have in the past been partially funded by grants from the Maryland Department of the Environment and the Maryland Department of Health and Mental Hygiene (DHMH). Staff providing these services have been responsible for other programs in addition to childhood lead poisoning.

For the 2003 - 2004 school year, DHMH introduced new regulations requiring that all pre-kindergarten, kindergarten, and first grade children have a completed Lead Certificate on file in their school. "At risk" ZIP codes have been identified in Montgomery County, and children living in these ZIP codes are required to have blood tests for lead poisoning at 12 months and 24 months of age. Follow-up activities for this mandate are performed by the Childhood Lead Poisoning Prevention Program. 7000 follow-up letters were sent to children in the 2004-2005 school year. The return rate after the efforts from CLPPP increased by 35%.

As a result of heightened public awareness of the possibility of lead present in some water systems, in March 2004 the Montgomery County Public Schools (MCPS), Washington Suburban Sanitary Commission (WSSC), and CLPPP began testing the water in schools. A representative from the CLPPP has been working with the MCPS and WSSC to monitor the progress of this testing, develop policy regarding interpretation of the results, and develop guidelines for remediation as needed. Plans for remediation in many schools, as well as some remediation, have begun this past fiscal year. This initiative will continue until all schools have been remediated.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Department of the Environment, Maryland Department of Health and Mental Hygiene, Washington Suburban Sanitary Commission, Montgomery County Public Schools.

MAJOR RELATED PLANS AND GUIDELINES: Guidelines from the Centers for Disease Control and Prevention, Environmental Protection Agency, American Academy of Pediatrics, Maryland Department of Health and Mental Hygiene, Maryland Department of the Environment.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:
Communicable Disease, Epidemiology, and Lab Services

PROGRAM ELEMENT:
Death Certificate Registration

PROGRAM MISSION:

To provide the public with local access to the registration and issuance of death certificates

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
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Outcomes/Results:

Total fees collected (\$000) ^a	294	303	346	380	265	400
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Service Quality:

Percentage of certificates issued within one day of request	100	100	100	100	100	100
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Efficiency:

Average cost per certificate issued (\$)	2.09	2.07	3.14	2.72	3.83	2.62
Fees collected per program dollar expended (\$)	2.85	2.94	2.54	2.79	1.95	2.94

Workload/Outputs:

Number of death certificates requested and issued	49,364	49,755	43,669	50,000	35,541	52,000
Average number of requested certificates issued per death	8.3	8.5	7.1	8.5	5.7	9.0

Inputs:

Expenditures (\$000)	103	103	^b 136	136	136	136
Workyears	1.7	1.7	1.7	1.7	1.7	1.7

Notes:

^aThis represents the portion of the fees retained by the County.

^bA quality audit conducted in FY04 resulted in a reallocation of expenditures.

EXPLANATION:

The responsibility for issuing death certificates remains with the Maryland State Department of Health and Mental Hygiene, Division of Vital Records. The County's vital records program provides a local office for funeral directors to register Maryland deaths. Certified copies of death certificates are issued for a fee to families and representatives of the estate for up to 30 days after the date of filing.

The number of actual deaths remained constant at about 6,000 per year. The number of certificates ordered per death dropped from 7.1 to 5.7 in FY05 because the per certificate cost remains expensive at \$20.00. Some large volume funeral facilities choose to file in the Baltimore office with a charge of \$12.00 per death certificate.

Records are reviewed for accuracy and rejected until necessary corrections are completed. Public health information is extracted from each record by the Maryland State Health Statistics Program to provide generalized information about the overall health status and well-being of the community. In addition, death verifications are provided to Social Services to expedite benefits to eligible clients.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland State Department of Health and Mental Hygiene - Division of Vital Records.

MAJOR RELATED PLANS AND GUIDELINES: Annotated Code of Maryland, Health - General, Title 4. Vital Statistics and Records; State and County policies and procedures.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Communicable Disease, Epidemiology, and Lab Services

PROGRAM ELEMENT:

Immunization Education, Outreach, and Surveillance of Private Schools and Physician Offices

PROGRAM MISSION:

 To protect the public from vaccine preventable diseases and promote vaccine completion among two-year olds^a
COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Immunization completion rates of two-year olds in private practices, County clinics, and other locations ^a	72	93	89	94	89	95
Immunization completion rate of students in private schools ^b	98	98	98	100	99.8	100
Service Quality:						
Percentage of clients receiving immunizations satisfied with service quality	NA	98	99	95	98	98
Percentage of private schools satisfied with record surveillance	95	100	96	95	98	98
Efficiency:						
Average cost per surveillance (\$)	1,551	1,929	2,000	2,315	2,210	2,075
Workload/Outputs:						
Number of private practices receiving education and record surveillance ^c	106	73	95	75	82	80
Number of private provider records surveyed	1,850	1,450	1,508	1,750	1,590	1,800
Number of private schools receiving record surveillance	52	54	52	52	51	52
Number of children case-managed after referral from record surveillance	NA	287	349	375	290	375
Inputs:						
Expenditures (\$000)	245	245	294	294	294	274
Workyears	3.9	3.9	3.9	3.9	3.9	^d 3.4

Notes:

^aThe vaccine completion rate for two-year olds refers to four DTP, three Polio, one MMR, three Hib, and three Hepatitis B as recommended by the American Academy of Pediatrics. Maryland, like many other states, also requires one Varicella prior to day care (if one year old), preschool, and grades kindergarten through third grade (beginning in the 2004-2005 school year).

^bTwenty percent of the County's 250 private schools are selected by the State for yearly surveillance by immunization staff. Selection is based on yearly immunization completion reports sent to the State by November 15 of each year; the schools with low rates are selected for review.

^cPrivate practice education and record surveillance is a collaborative effort between immunization staff and Maryland Vaccine for Children consultants. This is not an unduplicated count as it includes some repeat surveillance visits to track the improvement rate.

^dReflects a reallocation of workyears to Childhood Lead Prevention.

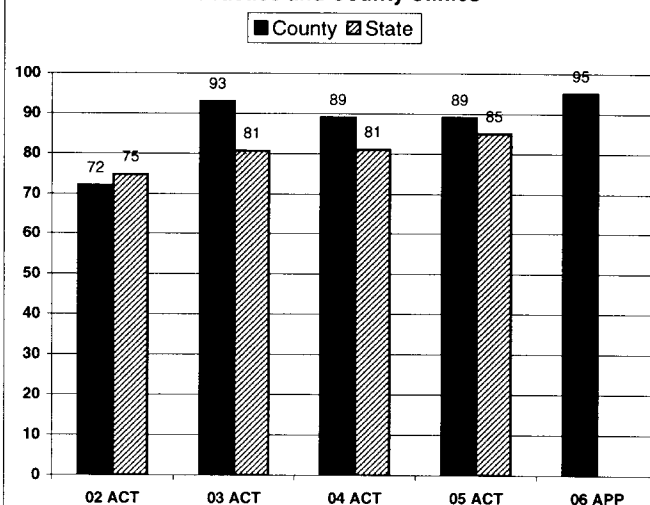
EXPLANATION:

Immunization education and surveillance include strategies to simultaneously increase vaccine injection; adoption of Standards of Pediatric Immunization Practice; vaccine safety, accountability, storage, and handling; and documentation to maintain compliance with Federal Vaccine for Children Program (VFC) requirements. The State of Maryland has VFC consultants assigned to all Maryland counties who provide increased provider reviews. Private school surveillance is done by County Immunization Program staff. Immunization staff work closely with the Women, Infant, and Children (WIC) program to review records, provide case management services, and assure that WIC children are up-to-date with their immunizations.

The vaccination completion rate is not expected to increase greatly because more vaccines are now being included. In prior years, the completion rate included only DTP, Polio, and MMR. In the near future, Varicella will also be included in assessing vaccination completion rates for two-year olds.

In addition, County clinics are not usually the medical home of children under two years of age and therefore do not usually have complete immunization records. This affects the completion rate for two-year olds seen in County clinics. Because of the Health Insurance Portability and Accountability Act (HIPAA) and other confidentiality concerns, it is difficult to obtain the immunization history of clients. Immunet, a Maryland State immunization registry, is slowly being introduced to providers in the State and will provide even more information for determining completion rates in the County.

Completion Rate for Two-Year Olds in Private Practice and County Clinics



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Private physicians, hospitals, Maryland Department of Social Services, Child Care Connection, Montgomery County Public Schools, community service groups, Maryland Department of Health and Mental Hygiene.

MAJOR RELATED PLANS AND GUIDELINES: Centers for Disease Control, State of Maryland regulations, local guidelines, American Academy of Pediatrics, Academy of Immunization Practices.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM: Communicable Disease, Epidemiology, and Lab Services	PROGRAM ELEMENT: Lab Specimen Accessioning ^a
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PROGRAM MISSION:
To secure public health laboratory specimens and provide safe transport to testing laboratories

COMMUNITY OUTCOMES SUPPORTED:
• Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Percentage of accessioned ^a lab specimens that are processed by the State lab	100	100	100	100	100	100
Service Quality:						
Percentage of days in compliance with CLIA ^b requirements	100	100	100	100	100	100
Efficiency:						
Average cost per lab customer (\$)	25.29	22.27	^c 26.03	24.89	27.14	23.26
Workload/Outputs:						
Number of lab customers	3,717	4,220	4,303	4,500	4,126	4,600
Number of clinical summaries provided to users	3,145	2,032	2,064	2,200	2,447	2,300
Inputs:						
Expenditures (\$000)	94	94	^c 112	112	112	107
Workyears	1.2	1.2	^c 1.4	1.4	1.4	1.2

Notes:
^aAccessioning refers to registration and preparation of lab specimens for transport.
^bCLIA = Clinical Laboratory Improvement Act regulations for safe operation.
^cA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

Laboratory specimens are taken from patient care areas within the Department of Health and Human Services as well as private clinical practices and are secured in the accessioning station at the Dennis Avenue Health Center. Blood and bodily fluid specimens are maintained for proper storage, organism growth, and safety from leakage, thus preventing communicable disease exposure to workers. Specimens are prepared for transport to the State's Central Laboratory where testing is completed. Reports are then returned to the care providers. Monitoring of tests performed in-house provides quality assurance for clinical accuracy and meets the requirements for licensure certification.

Fiscal Year	Cost (\$)
02 ACT	25.29
03 ACT	22.27
04 ACT	26.03
05 BUD	24.89
05 ACT	27.14
06 APP	23.26

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland State Department of Health and Mental Hygiene, Laboratory Administration.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.06.01 Communicable Diseases, Clinical Laboratory Improvement Act (CLIA) regulations for laboratories.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Communicable Disease, Epidemiology, and Lab Services

PROGRAM ELEMENT:

 Perinatal^a Hepatitis B Prevention

PROGRAM MISSION:

To prevent Hepatitis B infection in newborn infants through identification and case management of pregnant women diagnosed with Hepatitis B

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Percentage of at-risk infants ^{b,c} receiving protective vaccine at birth	100	93	99	93	97	97
Percentage of at-risk infants who complete the vaccine by 18 months of age	50	77	91	80	85	95
Service Quality:						
Percentage of diagnosed Hepatitis B pregnant women who receive services before delivery	77	89	100	89	96	95
Number of delivery hospital audits conducted ^d	NA	NA	NA	NA	1	1
Efficiency:						
Average cost per individual case (\$)	1,213	1,200	1,211	991	939	1,233
Average caseload per Community Health Nurse	75	75	90	110	116	90
Workload/Outputs:						
Number of pregnant women diagnosed with Hepatitis B	75	75	90	110	116	90
Number of at-risk infants ^b	75	76	90	110	117	90
Number of locatable at-risk infants who complete the Hepatitis B series within 18 months	NA	NA	NA	NA	77	^e 98
Number of interventions per family at risk	4	5	6	7	7	7
Inputs:						
Expenditures (\$000)	91	90	^f 109	109	109	111
Workyears	1.2	1.2	^f 1.1	1.1	1.1	1.3

Notes:
^aPerinatal refers to the entire pregnancy and after-birth time-frame.

^bAt-risk infants are those infants born to pregnant women who have been diagnosed with Hepatitis B.

^cApproximately 30% of at-risk infants have moved out of the area or were lost to follow up by 18 months of age.

^dThe hospital audit assesses the documentation of the mother's hepatitis B test results and the administration of appropriate birth dose vaccines to at-risk infants.

^eIncludes clients carried over from previous years.

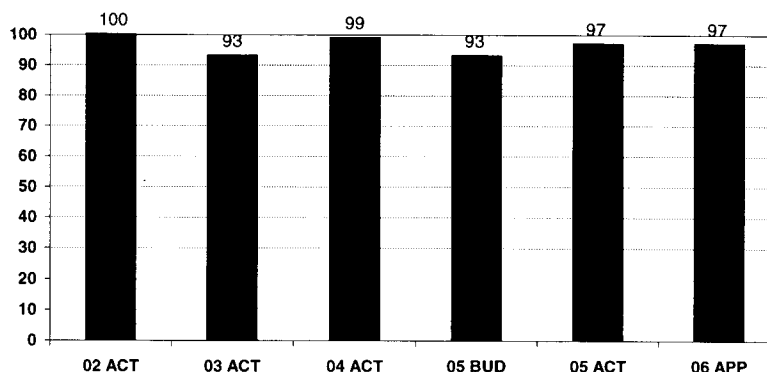
^fA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

Program activities include laboratory monitoring to identify and case manage prenatal patients who are diagnosed with hepatitis B and are at-risk for passing the disease to their babies. Services provided to pregnant women and their families include teaching, counseling, blood testing, and vaccine administration, as well as coordinating care with their health care providers (obstetricians, pediatricians, and the delivery hospital). The program follows infants born to these women from birth through age 18 months. These infants receive a series of protective vaccine injections beginning at birth. Blood testing is done when the series is completed to assure the vaccine is effective.

The Maryland Department of Health and Mental Hygiene is considering the purchase of web-based data management software to streamline Hepatitis B follow-up.

Percentage of At-Risk Infants Receiving Protective Vaccine at Birth



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland State Department of Health and Mental Hygiene, primary care obstetricians, pediatricians, delivery hospitals.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.06.01, Centers for Disease Control perinatal hepatitis B guidelines, American Academy of Pediatrics standards of care.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Communicable Disease, Epidemiology, and Lab Services;
Community Health Nursing

PROGRAM ELEMENT:

Immunization Vaccine Administration

PROGRAM MISSION:

To provide immunizations to children and eligible adults to protect them and the general public from vaccine preventable diseases

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Percentage of infants, children, and adults receiving appropriate immunizations	98	100	100	99.5	100	99.5
Service Quality:						
Number of accessible clinic locations ^a	8	6	6	7	8	7
Average length of visit (minutes)	60	60	60	60	45	60
Efficiency:						
Average cost per vaccine given (\$)	52	47	67	57	^b 69	69
Workload/Outputs:						
Number of 6 month to 19 year old children vaccinated against flu	NA	55	1,218	800	540	800
Number of infants and children vaccinated	2,856	2,827	1,617	2,800	1,366	2,500
Number of adults vaccinated	25	740	2,543	2,000	^c 2,200	2,000
Number of vaccines given	6,975	7,764	7,576	7,500	6,170	7,500
Inputs:						
Expenditures (\$000)	362	362	^d 424	424	424	520
Workyears	5.9	5.9	^d 5.1	5.1	5.1	5.4

Notes:

^aWalk-in clinics are located at various sites throughout the County during daytime, evening, and weekend hours.

^bIn FY05, there was a severe vaccine shortage and available vaccine was delayed. The cost of all vaccines has increased.

^cAlthough fever shots were given in the County, the Public Health Service assisted/provided flu vaccine to private medical providers so that the public would have easy access.

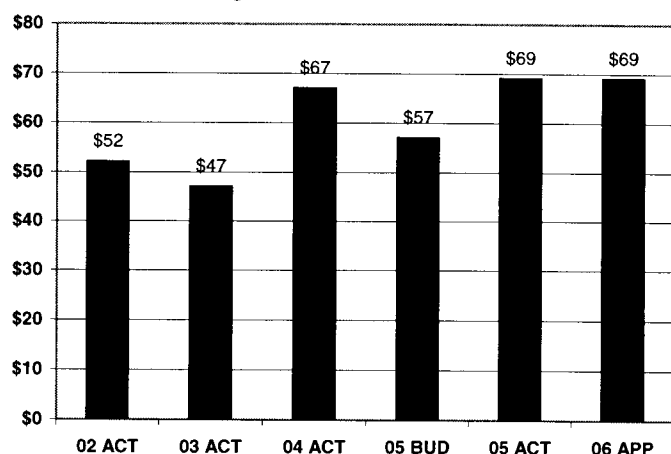
^dA quality audit conducted in FY04 resulted in the reallocation of workyears and expenditures.

EXPLANATION:

Immunizations are administered at eight easily accessible locations throughout the County, including health centers and in collaboration with two local hospitals. Services are delivered by County nurses and immunization program staff. Immunizations are free for children birth to age 18, and for certain adults eligible according to Federal and State regulations. Providing immunization services in non-traditional locations (such as emergency rooms at local hospitals) and on weekends to under- and uninsured families is a strategy that has been used successfully to boost attendance at walk-in clinics.

In FY05, the program began to conduct random quality assurance provider audits to review for age appropriate vaccinations and simultaneous injections in order to make recommendations for improvement. These audits are conducted by Maryland Department of Health and Mental Hygiene and County staff.

Average Cost Per Vaccine Given



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Community service agencies, Adventist Health Care System, Maryland Department of Health and Mental Hygiene Center for Immunizations.

MAJOR RELATED PLANS AND GUIDELINES: Centers for Disease Control, American Academy of Pediatrics, Academy of Immunization Practices.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Community Health Nursing

PROGRAM ELEMENT:

Audiology Services

PROGRAM MISSION:

To evaluate and screen eligible children and adults for early identification and treatment of hearing loss

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
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Outcomes/Results:

Number of treatable hearing losses detected	118	241	205	225	209	225
Percentage of clients with treatable hearing losses who are linked to a medical provider	100	100	100	100	100	100

Service Quality:

Percentage of clients satisfied with audio-logical services	NA	100	100	95	95	95
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Efficiency:

Average cost per client (\$)	466	190	190	172	199	209
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Workload/Outputs:

Number of clients evaluated	264	652	590	650	561	650
Number referred for medical evaluation	31	76	58	60	49	60

Inputs:

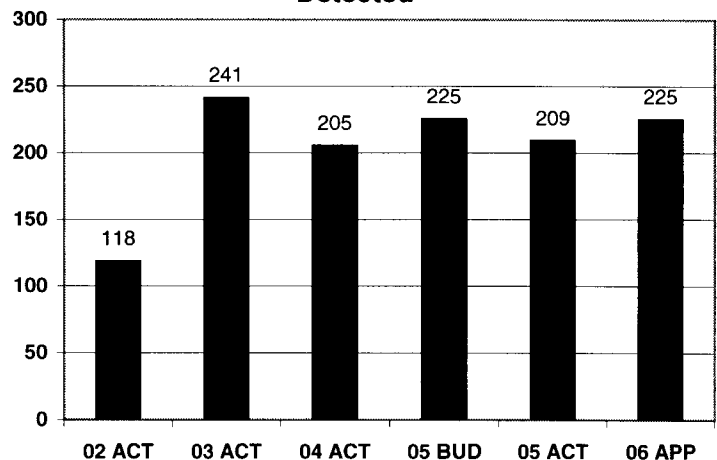
Expenditures (\$000)	123	124	^a 112	112	112	136
Workyears	1.7	1.7	^a 1.3	1.3	1.3	1.3

Notes:
^aA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

The Guidelines for Audiological Screening (October 1999) require that all children having a speech and language assessment be screened for possible hearing loss. A study done at the State University of New York's Health Science Center in Syracuse reviewed the records of approximately 1,000 children referred to the Center for developmental delay and found that almost 5 percent of the children were significantly or totally deaf. Doctors had failed to recommend hearing tests even though the medical or family histories of most children should have triggered immediate concern that they were at risk for hearing loss. The earlier children are diagnosed and treated for hearing loss, the less frequently they experience language delay and behavior problems and the more likely they are to achieve academic success.

Number of Treatable Hearing Losses Detected



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Infants and Toddlers Program, Aging and Disability Services, Montgomery County Public Schools Diagnostic and Evaluation Services for Children Program.

MAJOR RELATED PLANS AND GUIDELINES: Guidelines for Audiological Screening by the American Audiological Society.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM: Community Health Nursing	PROGRAM ELEMENT: Children with Special Medical Needs
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PROGRAM MISSION:
To serve uninsured children with special health care needs to prevent and/or treat chronic health conditions

COMMUNITY OUTCOMES SUPPORTED:
• Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
<u>Outcomes/Results:</u>						
Percentage of referred children linked to a pediatric specialist	92	85	85	88	80	88
<u>Service Quality:</u>						
Percentage of clients satisfied with care coordination services	NA	95	90	95	95	95
<u>Efficiency:</u>						
Average cost per client (\$)	NA	294	750	930	585	689
<u>Workload/Outputs:</u>						
Number of children linked to a pediatric specialist	NA	143	124	100	159	135
Number of clinic visits, surgeries, and/or treatments coordinated	1,350	1,186	540	600	715	575
<u>Inputs:</u>						
Expenditures (\$000)	42	42	^a 93	93	93	93
Workyears	0.8	0.8	^a 0.1	0.1	0.1	0.1

Notes:
^aA quality audit conducted in FY04 resulted in a reallocation of expenditures and workyears.

EXPLANATION:

Uninsured children have the same rate of complex medical problems as insured children and need specialty medical care to prevent handicapping conditions, severe medical complications, and/or further disabilities. The care coordinator assists parents in applying for financial assistance which will pay for their child to be evaluated and treated by a pediatric medical specialist or an optometrist as needed. The coordinator continues case management services with the child to assure that medical appointments are arranged and kept and that parents are able to follow through with medical recommendations. Many of the children receive multiple specialty services, and the care coordination of these disparate providers is accomplished by the nurse coordinator.

Case management of this population is complex and complicated by language barriers. For FY05, additional grant funding received after budget approval was used to provide translation services in Spanish to clients with limited English proficiency. The ability to communicate on a daily basis with the large Spanish speaking special needs population will reduce the waiting time for an interview and completion of the application.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: State of Maryland Children's Medical Services, Children's Hospital, Holy Cross Hospital, Johns Hopkins Hospital, University of Maryland Hospital, Shriners Hospital (Philadelphia, Pennsylvania), Washington Hospital Center, Suburban Hospital, Gouderman Appliances, Greg Banks Bio Lab, New Hampshire Pharmacy.

MAJOR RELATED PLANS AND GUIDELINES:

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Community Health Nursing

PROGRAM ELEMENT:

Client Services Center - Administrative Care Coordination Unit (ACCU) and Ombudsman

PROGRAM MISSION:

To educate and assist Health Choice recipients in using the managed care medical system

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Percentage of Health Choice recipients with an address who have their health services and access issues resolved	92	72	73	85	87	85
Percentage of prenatal providers contacted for outreach and education	NA	NA	NA	NA	99	85
Percentage of Health Choice recipients who receive Health Choice education from Community Health Promoters	NA	NA	NA	NA	100	100
Number of clients who re-establish a relationship with their provider	NA	304	399	350	^b 236	300
Service Quality:						
Percentage of ACCU referrals completed in the timeframe requested by the Department of Health and Mental Hygiene (DHMH)/Client Resolution Unit (CRU)	NA	NA	NA	85	95	89
Percentage of Ombudsmen referrals completed in the timeframe requested by DHMH/CRU	NA	NA	NA	90	95	95
Percentage of referrals received from the DHMH with status reports returned within 30 days	82	83	85	90	95	97
Efficiency:						
Cost per referral (\$)	NA	NA	NA	280	426	313
Workload/Outputs:						
Number of Ombudsmen referrals from DHMH/CRU	NA	NA	NA	40	49	40
Number of client referrals from DHMH for Health Choice system education	368	651	365	350	318	350
Number of client referrals from DHMH for denial of service and complex medical issue resolution	35	55	96	50	151	100
Number of outreach activities	300	900	743	700	719	700
Number of pre-natal referrals from private OB/GYN providers that were triaged for case management	836	1,008	1,546	1,300	973	1,000
Number of Infant-at-Risk referrals that were triaged for case management	293	354	365	350	458	400
Inputs:						
Expenditures (\$000)	430	432	^a 831	831	831	876
Workyears	6.7	6.7	^a 8.2	8.2	8.2	8.4

Notes:
^aA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

^bSee Explanation section for analysis of results.

EXPLANATION:

The Administrative Care Coordination Unit (ACCU)/Ombudsman Unit is a Maryland Department of Health and Mental Hygiene (DHMH) supported program designed to help Medical Assistance (Health Choice) recipients transition from fee-for-service care to managed care. The goal is to have a primary care provider/medical home for every eligible recipient, to encourage preventive health care practices, and to lower the incidence of episodic emergency room care. The ACCU receives referrals from the Maryland Department of Health and Mental Hygiene, managed care organizations (MCOs), and providers for the purpose of assisting recipients in locating and/or relinking to primary care providers and educating those who have little knowledge or understanding of the system. The Ombudsman responds as a recipient's advocate in cases of denial of needed health care services and/or coordination/resolution of complex medical issues.

In FY05, the number of Health Choice recipients who had access issues resolved increased 100 percent over FY04, reflecting a change in the State's strategy for the ACCU/Ombudsmen program. The program now emphasizes educating *existing* Health Choice clients on how to access, navigate, and utilize services in the MCO system (rather than focusing on outreach to new clients). All of the 236 clients referred from MCOs with a request that the clients re-establish a relationship with a provider were in fact re-linked to their respective providers. However, the 236 referrals represented a 50 percent decrease from FY04; the number of referrals from DHMH for Health Choice education decreased 13 percent (47 clients). Several factors may account for the decline in referrals. One is the overall success experienced by client services in reaching clients to educate them about programs. In addition, the use of Health Promoters has been especially helpful in providing education to the hard-to-reach. During the past year, the State has begun to develop a process for making MCOs responsible for providing more follow-up care for their respective clients.

Although the ACCU/Ombudsmen Program has not received referrals for denial of care, the number of complex cases referred increased more than 200 percent (by 55 clients) vs. FY04. The decline in the number of referrals from private obstetricians may be attributed to the large number of obstetrics providers opting out of the MCO system due to poor malpractice coverage. In FY05, hospitals referred 93 more Infant-at-Risk cases with complex medical issues that required Healthy Start case management.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Department of Health and Mental Hygiene Health Choice and Acute Care Customer Support, managed care organizations, volunteer Multi-Cultural Health Promoters.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.09.66.03, 10.09.65.04, 10.09.72.02.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Community Health Nursing

PROGRAM ELEMENT:

Community Health Nursing Case Management

PROGRAM MISSION:

To provide home visits, assessment, care planning, health education, coordination, and linkage to providers and other community resources for at-risk pregnant women and children to promote safe and healthy children

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Percentage of healthy birth weight babies born to case-managed maternity clients ^a	91	84	92	94	91	93
Percentage of clients who enter care in the first trimester of pregnancy ^a	39	54	45	50	42	45
Percentage of women who breastfeed	NA	NA	85	80	80	80
Service Quality:						
Percentage of maternity clients who have a nursing intervention within ten days of eligibility determination	NA	NA	74	80	^c 71	76
Efficiency:						
Annual maternity caseload per Community Health Nurse	108	^b 66	^b 88	98	99	95
Average cost per case-managed maternity client (\$)	1,205	^b 2,271	^b 1,591	1,449	1,406	1,682
Workload/Outputs:						
Number of maternity clients case-managed	3,484	1,849	2,458	2,700	2,783	2,850
Number of children case-managed	1,576	804	2,101	900	^d 1,020	1,400
Number of babies delivered	1,904	1,644	1,939	2,187	1,802	2,200
Number of healthy birth weight babies	1,734	1,386	1,848	2,055	1,633	2,024
Number of clients entering care in their first trimester	738	881	893	800	765	1,100
Inputs:						
Expenditures (\$000)	4,200	4,200	^b 3,913	3,913	3,913	4,794
Workyears	53.0	53.0	^b 49.2	49.2	49.2	54.0

Notes:

^aCase-managed clients include both Medical Assistance and eligible uninsured clients.

^bThe mid-year reduction in workyears in FY03 was not reflected until FY04. In addition, a quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

^cAs the number of women seeking care increased, the ability of the staff to provide services within ten days decreased.

^dThe FY05 decrease in the number of children case-managed was a result of the reallocation of nursing and community service aide staff to meet the demand of the increasing maternity caseload.

EXPLANATION:

Research has demonstrated that many pervasive health and social problems are a consequence of poor maternal health-related behaviors, inadequate infant/child care, and stressful environmental conditions that interfere with individual and family functioning. These problems include low birth weight, child abuse and neglect, childhood injuries, unintended and closely spaced pregnancies, and reduced economic self-sufficiency. Current research supports the positive effects of home visits on improved outcomes for pregnant women and their children. Additionally, efforts to improve access to health care by getting more women into programs that meet their financial, health, and psychosocial needs are most successful when services are integrated into language-sensitive and locally accessible sites.

Community Health Nursing Case Management Services focuses primarily on healthy pregnancies and healthy babies at delivery. Community Health Nurses provide Healthy Start home visiting and case management services to Medical Assistance and to Department of Health and Human Services eligible uninsured clients. The presence of Community Health Nurses and Health Associates in the community is the link required to identify at-risk pregnancies, which has implications for healthy deliveries. Health education in basic prenatal care (nutrition counseling, growth, and development), coordination, and linking clients to proper health care providers are nursing interventions associated with positive pregnancy outcomes.

In FY05, the percentage of clients entering care in the first trimester continued to decline and was considerably lower than the State's overall rate of 59 percent. This decline reflects the increasing difficulty of accessing obstetrical care. Ninety-one percent of pregnant women who participate in the Healthy Start Program bore babies with healthy birthweights, and 80 percent were breastfeeding their infants in the early postpartum period. The Healthy People 2010 goal is for 75 percent of women who deliver infants to breastfeed in the early postpartum period.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Community Clinic Inc., Crittenton Services, Healthy Families Montgomery, Holy Cross Hospital, Kaiser Permanente Managed Care Organization, Montgomery General Hospital, the Primary Care Coalition, Project Access, Shady Grove Hospital, the private medical community.

MAJOR RELATED PLANS AND GUIDELINES: COMAR regulations for Healthy Start Case Management.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:

PROGRAM:
Community Health Nursing

PROGRAM ELEMENT:

PROGRAM ELEMENT:
Language Minority Outreach, Education, and Direct Services

PROGRAM MISSION:

PROGRAM MISSION:
To provide access to health care services for uninsured Montgomery County residents, to decrease disparities through prevention and education, and to create a culturally and linguistically competent system of care

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

PROGRAM MEASURES	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
<u>Outcomes/Results:</u>						
Number of clients accessing Proyecto Salud ^a clinical services	3,850	4,800	^c 1,984	2,000	2,000	2,500
Percentage of diagnosed clients who receive formal diabetes education	59	65	60	60	65	70
<u>Service Quality:</u>						
Percentage of customers reporting satisfaction with services received	90	89	88	88	99	90
Rating received from the Maryland Primary Care Program evaluation (percent) ^b	98	97	98	98	98	98
<u>Efficiency:</u>						
Average cost per resident receiving services through the program (\$)	54	50	59	49	49	54
<u>Workload/Outputs:</u>						
Number of residents receiving services through the language minority outreach program	4,358	5,300	^d 5,000	6,000	6,000	6,000
Number of community organization meetings held	48	65	55	65	65	65
Number of new community partnerships established	2	1	1	1	1	2
Number of clients receiving diabetes education	295	298	^d 500	450	568	500
Number of diabetes diagnosed clients	343	541	621	500	^d 600	550
<u>Inputs:</u>						
Expenditures (\$000)	235	235	293	293	293	322
Workyears	2.0	2.0	2.0	2.0	2.2	2.0

Notes:

^aProyecto Salud is a community based clinic offering primary health care services.

^bRating for overall provision of services.

^cBeginning in FY04, clinics are able to report the unduplicated number of patients served.

^dEstimated.

EXPLANATION:

Montgomery County Language Minority Outreach, Education, and Direct Services Development is an initiative that has resulted in several public/private partnerships and direct services:

Language Minority Outreach Services: Counseling, referral services, diabetes, cholesterol, and hypertension screening sessions offered at various sites in the community; orientation and guidance to available County resources; joint efforts with other organizations such as Linkages to Learning, the Primary Care Coalition, Project Access, and English for Speakers of Other Languages (ESOL) programs; and coordination of services.

Language Minority Health Project Inc., Proyecto Salud: A non-profit partnership of community-based organizations and the Department of Health and Human Services' Public Health Services offering comprehensive primary care services, pharmacy assistance, eligibility services, and referral to specialty services for Montgomery County residents.

Diabetes Management and Education Program: Serves diabetic patients, offering clinical management, screening and prevention, group education classes, individual and group nutrition counseling, case management, ophthalmology, dental, and podiatry screenings.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Mid-County Services Center, Primary Care Coalition, Providers Council, Proyecto Salud partnership, Project Access, Holy Cross Hospital, Maryland Health Care Foundation.

MAJOR RELATED PLANS AND GUIDELINES: National Bureau of Primary Care, Maryland Primary Care regulations, Healthy People 2010, CPT (Current Procedural Terminology) codes, Proyecto Salud policies and procedures manual, Providers Council guidelines, National Association of Diabetes Educators, National Institutes of Health, Physician On Line.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:
Community Health Nursing

PROGRAM ELEMENT:
Montgomery Cares

PROGRAM MISSION:

To make primary care services available to low-income, uninsured County adults

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED ^e
Outcomes/Results:						
Percentage of uninsured County adults ^a who received primary care at one of the safety net clinics	12.4	15.9	10.6	16.3	12.4	16.3
Percentage of diagnosed clients who receive formal diabetes education	NA	45	^b 32	50	43	43
Service Quality:						
Percentage of surveyed adults who report they are satisfied or very satisfied with the services provided	NA	93	97	93	97	95
Efficiency:						
Average cost per client for primary care (\$)	67	78	161	139	174	353
Average cost per visit (\$)	NA	42	53	53	60	127
Average number of clinic visits per patient	NA	1.9	3.0	2.1	2.9	3.0
Workload/Outputs:						
Number of uninsured adults seen for primary care	14,663	12,752	8,480	13,000	^d 9,920	13,000
Number of participating safety net primary care clinics	5	6	8	9	9	11
Number of County adults receiving services through referral networks	2,776	2,842	3,184	3,000	2,944	3,000
Total number of clinic visits	NA	23,968	25,900	32,500	28,831	36,000
Inputs:						
Expenditures (\$000)	977	1,000	1,368	^c 1,728	1,728	4,587
Workyears	0.5	0.5	0.5	0.5	0.5	0.5

Notes:

^aIt is estimated that 80,000 uninsured County adults aged 19 - 64 have incomes below 250% of the Federal poverty level.

^bThe diabetes education standard was changed in FY04 from participation in a minimum of one class to a minimum of three classes.

^cIncrease represents increased funding for the Pharmacy Program and the electronic records system.

^dBy June 2005, all clinics converted from manual to automated reporting systems, improving the accuracy of unduplicated patient counts.

^eThe increase in expenditures reflects the County Executive's initiative to expand this program.

EXPLANATION:

Rewarding Work, renamed Montgomery Cares, was established in October 1999 to develop a system of primary health care for the County's estimated 80,000 low-income, uninsured adults. The majority of these people are employed in occupations that do not normally provide employer-based health insurance. The County has contracted with the nonprofit Primary Care Coalition (PCC) to develop this system of care and to manage subcontracts for direct services with community organizations. In FY01, PCC contracted with three nonprofit clinics (Community Clinic, Inc., Mobile Medical Care, Inc., and Proyecto Salud) for primary medical care. Funds were also used to purchase medications. Project Access receives funding for those who need to see a medical specialist. In FY02, Mercy Clinic and the Spanish Catholic Center were added to the participating primary care providers. The Archdiocesan Health Care Network, a specialty physician referral service, has also joined the project. The People's Community Wellness Center opened in FY03. FY04 openings included the Pan Asian Volunteer Health Center (in October, 2003) and L'AMI Clinic (in April, 2004). Holy Cross Hospital Health Center joined in FY05.

In FY05, Montgomery Cares continued to grow. During that year, the last of the health clinics converted to an automated client database, resulting in an improvement in measuring the number of unduplicated patients served. Although the unduplicated patient count for FY05 was lower than the FY05 budget target (9,920 vs. 13,000), the number of clients served reflects a 17 percent increase over FY04, and the number of patient visits increased 11 percent.

FY06 is the first year of the County Executive's new five-year initiative to expand health care coverage to uninsured Montgomery County residents. During FY06 and FY07, the existing clinics will be developing the infrastructure necessary to handle the increased patient capacity. The goal is to increase the number served to 40,000 by fiscal year 2010.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Primary Care Coalition, Archdiocesan Health Care Network, Chinese Culture and Community Service Center, Community Clinic, Inc., Community Ministry of Montgomery County, Inc., Mid-Atlantic Medical Services Inc., MedBank, Mercy Clinic, Mobile Medical Care, Inc., Montgomery Volunteer Dental Clinic, The People's Community Baptist Church, Inc., Project Access, Proyecto Salud, Spanish Catholic Center, Teen Clinic of Takoma Park, Inc., Holy Cross Hospital.

MAJOR RELATED PLANS AND GUIDELINES: Montgomery County Community Health Improvement Plan, Maryland Health Improvement Plan, Healthy People 2010.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM: Community Health Nursing		PROGRAM ELEMENT: Service Eligibility Unit - Eligibility Screening for Adults				
PROGRAM MISSION: To provide eligibility screening for uninsured adults and refer them to appropriate health care programs						
COMMUNITY OUTCOMES SUPPORTED: • Children and adults who are physically and mentally healthy						
PROGRAM MEASURES	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Percentage of screened adults determined to be eligible for health care programs	95	94	95	90	92	90
Service Quality:						
Percentage of screened adults whose eligibility has been decided within ten days	NA	NA	NA	NA	89	89
Efficiency:						
Average cost per adult eligibility screening (\$)	75	73	73	101	93	64
Average number of adult cases per Service Eligibility Unit worker	865	865	910	660	715	1,346
Workload/Outputs:						
Number of adults screened	9,174	9,129	9,649	^a 7,000	7,580	7,000
Number of adults referred to health programs	8,672	8,583	9,166	6,650	6,984	6,030
Inputs:						
Expenditures (\$000)	689	667	705	705	705	^b 451
Workyears	10.6	10.6	10.6	10.6	10.6	^b 5.6
Notes: ^a In FY05, fewer adults were expected to be screened because Family Planning eligibility screening was discontinued at the Service Eligibility Units and will now be conducted by the contractor, Planned Parenthood, Inc. ^b Reflects a reallocation of workyears to Service Eligibility Unit - Eligibility Screening for Children.						
EXPLANATION: The Service Eligibility Units assist uninsured adult County residents in accessing a number of federal, State, and County funded health programs. Service Eligibility Unit (SEU) staff refer and educate eligible adults regarding appropriate programs. Eligibility screening is offered at four locations and is co-located with the health centers in Germantown, Rockville, and Silver Spring, as well as other community locations. While the infant mortality rate in Montgomery County is declining, the leading cause of neonatal death is low birth weight. Low birth weight can be reduced by ensuring adequate and early prenatal care for pregnant women. In an effort to contribute to the Healthy People 2010 goal of increasing access to ongoing primary care, SEU staff determine the eligibility of applicants for the Maryland Children's Health Program for Pregnant Women (for pregnant women at or below 250 percent of the Federal Poverty Level), the Department of Health and Human Services/Holy Cross Hospital Partnership for Prenatal Care, Project Access, Dental Services, and Montgomery Cares.						
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Community Health Nurses in Health Centers, School Health Services, Community Clinic, Inc., Proyecto Salud, Mobile Medical Care, Primary Care Coalition, area hospitals, Planned Parenthood, Health Choice Administrative Care Coordination Unit/Ombudsman staff, Women's Cancer Control Program.						
MAJOR RELATED PLANS AND GUIDELINES: COMAR regulations; Client's Automated Resource and Eligibility System (CARES) regulations; Maryland Children's Health Program manual; Public Health Information System manual; Unified Intake, Triage, Evaluation and Service Delivery System (UNITED) manual; Service Eligibility Unit guidelines.						

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Community Health Nursing

PROGRAM ELEMENT:

Service Eligibility Unit - Eligibility Screening for Children

PROGRAM MISSION:

To provide eligibility screening for uninsured children and refer them to appropriate health care programs

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
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Outcomes/Results:

Number of children linked to a health care provider	28,637	31,534	31,490	33,000	32,471	32,000
Percentage of screened children determined to be eligible for health care programs ^a	94	89	85	80	87	85

Service Quality:

Percentage of screened children whose case has been certified within ten days	NA	NA	NA	70	75	70
Percentage of clients satisfied with the screening process	96	94	93	95	94	90

Efficiency:

Average cost per child eligibility screening (\$)	46	40	43	42	43	62
Average number of child cases per Service Eligibility Unit (SEU) worker	1,248	1,145	1,323	1,170	1,564	1,284

Workload/Outputs:

Number of children screened	30,435	35,442	36,685	38,000	37,227	38,000
Number of cases approved and assigned to SEU workers	28,411	29,217	31,490	33,000	32,471	32,000

Inputs:

Expenditures (\$000)	1,400	1,400	1,587	1,587	1,587	^b 2,293
Workyears	24.0	24.0	23.8	23.8	23.8	^b 29.6

Notes:
^aResults are affected by changes in the eligibility requirements for the Maryland Children's Health Program and the Care for Kids Program as the programs raise or lower the income cap for eligibility.

^bReflects a reallocation of workyears from Service Eligibility Unit - Eligibility Screening for Adults.

EXPLANATION:

The Service Eligibility Units help uninsured County residents access a variety of Federal, State, and County funded health programs. Staff determine eligibility, make referrals, and process applications for enrollment into appropriate programs. Staff also educate customers regarding the health programs for which they qualify. Eligibility screening is offered co-located with health centers in Germantown, Rockville, and Silver Spring. Screening is also offered at community locations, including the Community Clinics, Mobile Medical Clinics, and Proyecto Salud Clinic.

In mid-FY04, the Maryland Children's Health Program put a freeze on all new enrollment of children whose family income was between 200 and 300 percent of the Federal Poverty Level. In FY05, the Maryland Children's Health Program increased the income cap for eligibility, which increased the number of children screened by 542.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Health Choice Team Administrative Care Coordination Unit/Outreach, School Health Services, community health nurses in health centers, Community Clinics, Inc., Mobile Medical, Proyecto Salud, Primary Care Coalition, area hospitals.

MAJOR RELATED PLANS AND GUIDELINES: COMAR regulations, Client's Automated Resource and Eligibility System (CARES) regulations, Maryland Children's Health Program manual, Public Health Information System manual, service eligibility guidelines, Maternity Partnership manual, UNITED Client Information System, HHS Data Collection Feature Bundle Information System manual.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Dental Services

PROGRAM ELEMENT:

Children's Clinical Services

PROGRAM MISSION:

To improve the oral health status of children enrolled in the Care For Kids Program through primary prevention and treatment services

COMMUNITY OUTCOMES SUPPORTED:

- Adults and children who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Percentage of children in Care For Kids accessing services for primary and preventive dental care	70	^a 35	40	38	37	38
Percentage of children who complete their treatment plans	NA	NA	80	75	89	75
Percentage of children seen who receive dental sealants	NA	NA	23	25	62	25
Service Quality:						
Percentage of clients surveyed reporting satisfaction with services	80	92	85	90	92	92
Efficiency:						
Average cost per client (\$)	489	418	294	320	319	441
Workload/Outputs:						
Number of client visits	1,468	^b 1,854	1,558	1,500	2,323	1,600
Number of children enrolled in Care For Kids program	955	^a 2,145	2,691	2,500	2,714	2,500
Number of children receiving dental services	583	748	1,088	1,000	1,002	800
Inputs:						
Expenditures (\$000)	285	313	^c 320	320	320	353
Workyears	3.95	3.95	^c 3.9	3.9	3.9	3.95

Notes:
^aThe Care For Kids population consists of children through age 17. A large increase in the Care For Kids population in FY03 contributed to the reduced percentage of children accessing dental care.

^bDental hygiene students from the University of Maryland Internship Program provided additional prevention services for children in FY03.

^cA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

Tooth decay is the most common oral disease in childhood; it is an infectious, transmissible disease established early in child development and expressed throughout life. Although tooth decay remains the single most common chronic disease of childhood, there have been remarkable declines over recent decades attributed to community water fluoridation, education, and primary and preventive dental treatment. The Surgeon General's Oral Health Report 2000 and local studies note that dental decay is five to eight times more common than asthma - affecting nearly 20 percent of preschoolers, half of second graders, and three-quarters of 15 year olds. Eighty percent of the tooth decay is found in 25 percent of children. By age 17, 78 percent of young people have had a cavity, and 7 percent have lost at least one permanent tooth.

A more recent study in the State of Maryland revealed that Hispanic children had significantly more untreated decay than Caucasian children (64 percent vs. 44 percent). Hispanic children comprise 84 percent of the Dental Program's population. Tooth decay prevalence, extent, and severity are all more extreme in low-income, minority-status children with parents who have limited education. In addition, a large majority of foreign-born children and parents have had little or no dental care prior to emigrating to this country.

The Dental Clinic serves children and adolescents participating in Care For Kids. The goals are to reduce the risk factors associated with tooth decay, gum disease, and tooth loss. This is achieved by eliminating existing decay through restorative treatment, reducing oral microbial conditions through oral prophylaxis and home care regimens, reducing risk factors associated with caries through sealant applications and fluoride treatments, and modifying self-care behaviors through prevention education techniques. Unfortunately, the oral health status of our immigrant populations is such that for a majority of these children, the placement of preventive and more cost-effective dental sealants is not an option.

In FY05, fewer children were treated over more visits - an indication that children on the average required more visit time to complete care (2.3 visits per child compared to 2 visits per child in FY04). Patient compliance reflects the commitment of patients to keep dental appointments as per health care instructions and remains high at 84 percent. Treatment plans were completed on 89 percent of the total cases.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: School Health Services, Primary Care Coalition, Holy Cross Hospital, Proyecto Salud, community health nurses, contract dentists and dental hygienists, University of Maryland Dental School.

MAJOR RELATED PLANS AND GUIDELINES: Department of Health and Human Services Program Policies, Early Headstart, Baby Steps, American Academy of Pediatric Dentistry, Surgeon General's Oral Health Report.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Dental Services

PROGRAM ELEMENT:

Maternity Clinical Services

PROGRAM MISSION:

To promote oral health and improve the quality of life for a targeted group of children and maternity clients

COMMUNITY OUTCOMES SUPPORTED:

- Adults and children who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Percentage of qualified clients ^a accessing services for dental clinical care	34	36	34	35	42	36
Percentage of dental clients whose treatment plans are completed	NA	NA	78	75	56	75
Number of clients with dental infections who are diagnosed and treated ^c	NA	NA	23	24	142	25
Percentage of clients with dental infections who are diagnosed and treated ^c	NA	NA	90	90	100	90
Service Quality:						
Percentage of surveyed clients reporting satisfaction with services	89	96	82	90	86	90
Efficiency:						
Average cost per client (\$)	560	522	471	514	337	606
Workload/Outputs:						
Number of client visits	1,468	1,280	1,202	1,200	1,579	1,200
Number of clients receiving dental services ^b	436	510	545	500	762	500
Number of clients enrolled in Maternity Program Partnership	1,279	1,431	1,596	1,700	1,798	1,810
Inputs:						
Expenditures (\$000)	244	266	^d 257	257	257	303
Workyears	3.4	3.4	^d 3.5	3.5	3.5	3.5

Notes:

^aClients are those enrolled in the Maternity Partnership Program. These women are County residents whose family income less than 300 percent of Federal Poverty Level, who have no dental insurance, and who are ineligible for Medicaid.

^bDental treatment available through Public Health Services is limited to teeth cleaning, fillings, and simple extractions.

^cA dental infection occurs when tooth decay and poor hygiene affect the nerve and blood supply of teeth and surrounding gums, resulting in swelling, pain, pus, and systemic drainage of bacteria and other by-products into the lymphatic system. This can endanger not only the mother's health but that of the developing child as well.

^dA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

Each year in the United States, more than four million women become pregnant. Pregnant women are more susceptible to oral diseases: pregnancy is associated with poor dental health and hormone-related gum disease and tumors. Poor oral health in pregnant mothers affects not only the general health status of the mother but also the health of the developing child and is believed to be a contributing factor in premature births and low birth weight babies. There are additional developmental oral health problems in the child that are associated with poor health factors in the pregnant mother. The earliest opportunity to prevent oral health problems for both the child and the pregnant mother occurs during prenatal preventive counseling and hygiene care.

Holy Cross Hospital provides prenatal care, and Department of Health and Human Services community health nurses provide case management. Qualified clients must have incomes below 250 percent of the Federal Poverty Level and be ineligible for Medicaid. The majority of the clients (70 percent) are Latino, and many come from countries where dental care is poor or nonexistent.

The rates of births to County residents that are premature, low birth weight, or result in infant death are higher than the Federal goals for 2010. Improving oral health among pregnant women in early pregnancy should bring the County closer to meeting the 2010 goals, especially among Latino women and clients within the first and second trimester. These clients present at the most opportune time for early intervention and maximum benefit from treatment that reduces risk factors associated with poor birth outcomes.

In FY05, the program exceeded its annual goal of serving 500 clients with an additional 246 clients: 81 percent (617) of maternity clients received periodontal care, 56 percent completed full care, 164 additional maternity clients accessed services via emergency care, and 100 percent of those clients were diagnosed and treated for dental infection, all of which contribute to the reduction in risk factors associated with poor birth outcomes. To enhance client access, the dental hygienist implemented a pilot delivery model: the assignment of 0.8 work years bilingual staff to assist the dental hygienist, two open walk-in screening clinics per month, and the use of dental hygiene student externs from the University of Maryland Dental School for random two-

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Community health nurses, Holy Cross Hospital.

MAJOR RELATED PLANS AND GUIDELINES: Department of Health and Human Services Program Policies, Early Headstart, Baby Steps Program.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Dental Services

PROGRAM ELEMENT:

Oral Health Promotion and Disease Prevention Education

PROGRAM MISSION:

To promote oral health in a targeted group of Montgomery County Public Schools second graders

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
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Outcomes/Results:

Percentage of second graders who attended classroom education on oral health	91	56	48	48	50	48
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Service Quality:

Percentage of teachers favorably evaluating the classroom presentation	75	99	100	85	100	90
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Efficiency:

Average cost per targeted second grade student (\$)	5.05	7.60	6.78	5.23	6.63	6.90
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Workload/Outputs:

Number of second graders provided classroom oral health education	6,326	4,209	5,014	5,000	5,126	5,000
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Inputs:

Expenditures (\$)	32,000	32,000	^a 34,000	34,000	34,000	34,500
Workyears	0.25	0.25	^a 0.2	0.2	0.2	0.2

Notes:
^aA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

The Maryland Children's Dental Survey shows an increased incidence of dental decay in third grade children. A nationwide dental education initiative targets prevention of additional oral diseases and traumas attributed to sports activities, accidents, tobacco use, and poor nutrition. Dental education for second grade students constitutes an early intervention strategy for prevention of oral disease and mouth trauma as children begin to develop their permanent teeth.

Education as a means to prevent disease and raise awareness of good health practices is a generally accepted strategy to promote healthy behaviors. Since FY00, classroom oral health education has been devoted exclusively to the second grade student population within the targeted schools. These schools have been prioritized according to the enrollment of "at-risk" children in free lunch programs. In FY03, 56 percent of targeted second graders were reached; this directly impacted 4,209 children. Due to the sniper incident and ensuing school security measures, the ability to access schools was restricted during FY03, reducing the number of second graders reached for oral health education. In FY04, the second grade population grew to 10,366, an increase of 35 percent since the program's inception. The lower percentage of students attending classroom education in FY04 (48 percent) reflects the effect of that population increase while resources for the provision of services remained constant. As an additional strategy to expand future efforts, teachers and school health nurses have designed a very basic dental education curriculum.

In FY05, an audit by the Community Review Committee provided an outstanding evaluation of the quality of this program, with additional recommendations to increase resources via grants and philanthropic sources, if possible.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: School Health Services, Montgomery County Public Schools, University of Maryland School of Nursing, University of Maryland Dental School.

MAJOR RELATED PLANS AND GUIDELINES: Mandatory Montgomery County Public Schools Health Curriculum, United States Department of Health and Human Services - Health Resources and Services Administration, University of Maryland Student Nursing Curriculum, American Dental Association educational literature.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:
Dental Services

PROGRAM ELEMENT:
Seniors Age 60 Years and Older

PROGRAM MISSION:

To ensure access to oral health primary prevention and treatment services for eligible seniors in order to improve the quality of life

COMMUNITY OUTCOMES SUPPORTED:

- Adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Percentage of eligible seniors accessing services for preventive oral health care ^a	1.4	0.7	1.0	1.5	2.0	1.0
Percentage of clients who complete their treatment plans	NA	NA	92	75	76	75
Total number of early stage oral cancers detected	NA	NA	1	2	0	1
Percentage of early stage oral cancers detected through client visits	NA	NA	0	1	0	1
Number of dentists recruited to the program	4	4	4	4	4	4
Service Quality:						
Percentage of surveyed clients reporting satisfaction with services	89	100	86	90	98	90
Efficiency:						
Average cost per client visit (\$)	424	490	646	752	484	753
Workload/Outputs:						
Number of client visits	818	777	873	750	1,143	750
Number of clients accessing services	368	199	372	350	484	350
Inputs:						
Expenditures (\$000)	347	381	^b 564	564	564	565
Workyears	4.4	4.4	4.4	4.4	4.4	4.4

Notes:

^aAn estimated 25,000 County residents age 65 and older have annual incomes below 250 percent of the Federal Poverty Level.

^bA quality audit conducted in FY04 resulted in a reallocation of expenditures.

EXPLANATION:

According to the Surgeon General's report, the number of adults 65 years and older without teeth has declined from 46 percent to 30 percent in the past 20 years. However, the percentage is higher among those living in poverty. Rates also tend to be higher for African Americans and Latinos. In addition, nursing home and other long-term care residents are at increased risk for oral disease and accompanying health problems.

Montgomery County's Department of Health and Human Services is the only local health department in Maryland that provides dental care for seniors. There are approximately 96,000 County residents age 65 and older. Of those, 25,000 are estimated to have an annual income below 250 percent of the Federal Poverty Level. By 2010, the proportion of the population who are seniors is expected to increase from 11 percent to 13 percent, and the number of seniors below 250 percent of the Federal Poverty Level is expected to increase to 28,300. Most seniors do not have dental insurance since it is not included in Medicare.

The majority of seniors seen in the dental clinic are the parents or grandparents of immigrants (who serve as their sponsors) or are refugees. Due to their age and language limitations, many are not expected to work in this country. These patients present with a life-long history of dental neglect. In addition, due to their inability to access dental services in the community, seniors residing in nursing homes are often in need of oral health prevention services.

In FY04, the dental program entered a partnership grant with the Department of Recreation and provided access to dental care for 89 Asian, Black, and Latino clients. Primary prevention and screening services were provided on site via the Mobile Dental contractor, and follow-up services for extended restorative and denture services were delivered at the contractor's private practice in Silver Spring.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Contract dentists and dental hygienists, Commission on Aging, Community senior living facilities, Department of Recreation/Senior Centers, community dental practices, Howard University College of Dentistry.

MAJOR RELATED PLANS AND GUIDELINES: Medical/dental protocols from affiliated national associations for geriatrics, the disabled, and medically compromised patients; State regulations for nursing homes; Department of Health and Human Services policies.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Environmental Health Regulatory Services

PROGRAM ELEMENT:

Other Business Facilities

PROGRAM MISSION:

To provide Montgomery County residents with safe and communicable disease-free environments through the licensing of facilities

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
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Outcomes/Results:

Percentage of licensed health-related facilities receiving no complaints	39.1	99.7	100.0	100.0	99.7	100.0
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Service Quality:

Percentage of annual renewals completed before license expiration	94	98	97	100	96	100
Percentage of estimated revenues collected	98	107	108	100	97	100

Efficiency:

Average cost per facility licensed (\$)	351	271	^a 429	478	439	469
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Workload/Outputs:

Number of facilities licensed	476	622	669	600	653	650
Number of health facilities without complaints	186	620	669	600	651	650

Inputs:

Expenditures (\$000)	167	169	^a 287	287	287	305
Workyears	3.0	3.0	^a 3.7	3.7	3.7	3.7

Notes:

^aA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

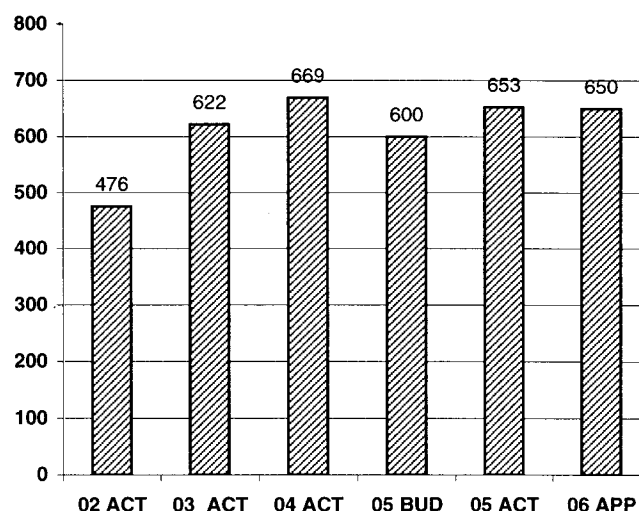
There are three types of "Other Business Licenses:" revenue generators, health-related, and personal.

Revenue generators include bingo, video games and establishments, and raffles. They have no health-related impact but are designed to bring in revenue for the County.

Health-related licensed facilities include tanning facilities, transient lodging (hostels, rooming houses), and enterprises (movie theaters, dancing, commercial campgrounds). These facilities are inspected for health violations as required by law once upon initial opening and later only when a customer complains.

Personal licenses apply to the manager and workers at a massage establishment. Personal licensed individuals must certify that they have a particular amount of specified training.

Qualified Facilities Receiving Licenses



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Business owners.

MAJOR RELATED PLANS AND GUIDELINES: Various chapters in the County Code.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Environmental Health Regulatory Services

PROGRAM ELEMENT:

Rat Control

PROGRAM MISSION:

To ensure that Montgomery County residents are safe and protected from communicable diseases by reducing the number of rat complaints

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL ^b	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Number of confirmed rat complaints	551	386	695	700	646	800
Percentage of reported rat complaints that were confirmed	59	54	59	56	52	60
Percentage of confirmed rat complaints that were resolved ^a	NA	46	87	90	62	70
Service Quality:						
Percentage of complaints responded to within five working days	NA	86	87	100	86	100
Efficiency:						
Average cost per complaint (\$)	162	213	107	126	102	136
Workload/Outputs:						
Number of reported rat complaints	936	717	1,171	994	1,221	1,000
Number of complaints resolved	NA	178	605	630	399	800
Number of education programs conducted	8	4	1	2	1	2
Inputs:						
Expenditures (\$000)	152	153	125	125	125	136
Workyears	2.0	2.0	1.5	1.5	1.5	1.5

Notes:
^a"Resolved" means that compliance is achieved within the established timeframe, without need for a citation.

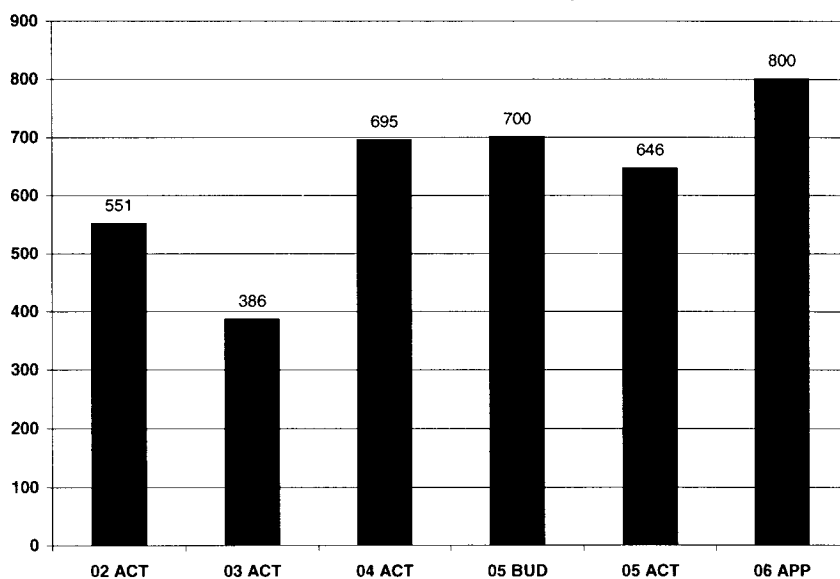
^bDuring FY04, resources were temporarily re-allocated to respond to the increase in rat complaints and media attention as a result of the cicada population eruption; that re-allocation is not reflected in the displayed workyears. In addition, during FY04 there was a re-allocation of workyears and expenditures which resulted in a decrease in Environmental Health Specialist field time to one workyear. The impact of this reallocation is reflected in the FY05 decrease in the percentage of complaints resolved. (Nevertheless, the FY05 percentage resolved is higher than that in FY03.)

EXPLANATION:

Rats are known carriers of disease, and public health problems can develop when they live in close proximity to humans. Rats also cause economic damage by destroying food sources, stored grain supplies, and property.

Environmental Health Regulatory Services responds to rat-related complaints. The number of rat complaints is affected by seasonal changes. The complaints vary each year based on media attention, weather, and public awareness as demonstrated in FY04 when the cicada population increased, providing an easy food source for the rat population.

Inspections are conducted primarily in residential and commercial properties to eliminate rat infestation in those areas. If the property owner or tenant is not in compliance after inspection, they are given written notice concerning requirements to eliminate the problem and a specific time frame for compliance. Violators are subject to a civil citation. Additionally, the program provides educational outreach through presentations to neighborhood organizations.

Number of Confirmed Rat Complaints

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Business owners, home owners.

MAJOR RELATED PLANS AND GUIDELINES: Chapter 39, Montgomery County Code.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM: Environmental Health Regulatory Services	PROGRAM ELEMENT: Smoking Enforcement
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PROGRAM MISSION:
To protect the health of residents of Montgomery County by reducing their exposure to environmental tobacco smoke through the enforcement of anti-smoking codes in public places

COMMUNITY OUTCOMES SUPPORTED:
• Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
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Outcomes/Results:

Percentage of smoking complaints in non-eating establishments that were resolved	100	100	100	100	100	100
Percentage of smoking complaints in restaurants that were resolved	NA	100	100	100	100	100
Percentage of facilities with violations referred to Maryland Occupational Safety and Health	0.0	1.0	0.0	1.0	3.0	1.0

Service Quality:

Percentage of complaints regarding businesses in violation of Chapter 24.9 of the Montgomery County Code that were resolved within five days ^a	100	100	100	100	100	100
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Efficiency:

Average cost per inspection (\$)	43	36	34	34	29	36
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Workload/Outputs:

Number of inspections	3,639	4,451	8,264	5,000	5,900	5,000
Number of facilities in violation of smoking codes	94	0	91	50	160	100
Number of citizen complaints regarding smoking in restaurants	1	0	30	35	11	30
Number of citizen complaints regarding smoking in businesses other than restaurants	11	0	2	0	11	0

Inputs:

Expenditures (\$000)	158	159	^b 168	168	168	180
Workyears	2.0	2.0	^b 1.9	1.9	1.9	1.9

Notes:

^aChapter 24-9 of the Montgomery County Code is the regulation concerning smoking in public places.
^bA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

The License and Regulatory Office enforces the County's anti-smoking laws for public enclosed places in businesses other than restaurants on a citizen complaint basis. For restaurants, environmental health specialists survey food service facilities for smoking violations while conducting routine food inspections. Prior to October 2003, the health specialist made referrals to Maryland Occupational Safety and Health when the specialist believed a Maryland Occupational Safety and Health violation existed.

On October 9, 2003, Montgomery County Code 24-9 took full effect, prohibiting smoking in restaurants as in other businesses open to the public. This date marks an operational change from conducting surveys and making referrals to Maryland Occupational Safety and Health to the ability to act upon violations directly.

In an effort to prepare the food service industry for the first day of the new law, a "courtesy visit campaign" was implemented in the weeks before the law went into effect. Environmental Health Specialists visited facilities day and night to ensure that they had proper signage and that staff were familiar with their responsibilities in dealing with their customers. The numbers of violations and citizen complaints resulting from the new smoking legislation fluctuates depending on public interest but is expected to decrease over time.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Health Promotion and Prevention; Maryland Department of Health and Mental Hygiene, Maryland Occupational Safety and Health, Board of Liquor License Commissioners.

MAJOR RELATED PLANS AND GUIDELINES: COMAR, Montgomery County Code Chapter 24-9.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Environmental Health Regulatory Services

PROGRAM ELEMENT:

Swimming Pools

PROGRAM MISSION:

To ensure that the residents of Montgomery County are safe and protected from communicable diseases while bathing at public pools by assuring compliance with State and County codes

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
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Outcomes/Results:

Percentage of swimming pools found to be compliant on routine inspection	90	86	92	90	92	90
Number of swimming pools closed	225	276	177	237	163	200

Service Quality:

Percentage of swimming pools receiving four inspections per season	NA	85	78	100	^b 64	100
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Efficiency:

Average cost per inspection (\$)	169	188	^a 204	188	197	204
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Workload/Outputs:

Number of swimming pools inspected	2,162	1,948	2,215	2,400	2,305	2,400
Number of swimming pools compliant	1,937	1,672	2,038	2,160	2,142	2,160

Inputs:

Expenditures (\$000)	366	366	^a 451	451	451	490
Workyears	4.8	4.8	^a 5.3	5.3	5.3	5.3

Notes:

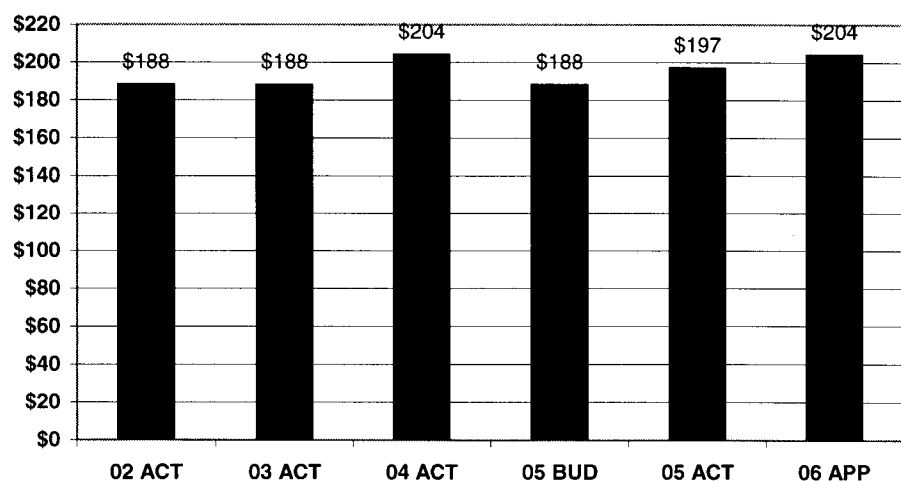
^aA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

^bThe percentage decreased due to two vacancies, which affected the number of inspections per swimming pool.

EXPLANATION:

Pools are licensed from May through April of the following year. All pools are inspected four times per year. The initial inspection in May is a compliance inspection to determine if the pool meets all requirements and is generally safe to operate for the coming year. Additional inspections during the year (summer season for most pools) evaluate eleven critical reasons for potential closure of the pool, including improper chemical levels, no lifeguards, and imminent hazards that endanger the patrons. Any violation of the eleven critical items results in closure of the pool.

Average Cost per Inspection



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Pool owners, pool management companies, pool users.

MAJOR RELATED PLANS AND GUIDELINES: Chapter 15 Montgomery County Code, COMAR 10.15.03.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Environmental Health Regulatory Services

PROGRAM ELEMENT:

West Nile Virus

PROGRAM MISSION:

To protect the health and safety of County residents and horses by analyzing the risks of mosquito populations, implementing control measures, and educating the public about West Nile virus

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL ^b	FY06 APPROVED
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Outcomes/Results:

Rate of West Nile virus cases per 100,000 population	1	2	0	0	1	0
Number of confirmed West Nile virus cases	9	24	0	0	1	0

Service Quality:

TO BE DEVELOPED

Efficiency:

Average cost per sample submitted (\$)	NA	NA	NA	NA	NA	540
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Workload/Outputs:

Number of samples submitted for testing by Environmental Health Specialists	NA	NA	NA	NA	NA	50
Number of positive West Nile virus tests from samples	NA	NA	NA	NA	NA	0
Percentage of samples testing positive for West Nile virus	NA	NA	NA	NA	NA	0
Number of control measures implemented ^a	NA	NA	NA	NA	NA	0
Number of public service announcements and/or education sessions conducted	NA	NA	NA	NA	NA	3
Number of coordination meetings held	NA	NA	NA	NA	NA	3

Inputs:

Expenditures (\$)	NA	NA	NA	73,309	NA	72,000
Workyears	NA	NA	NA	1.0	NA	1.0

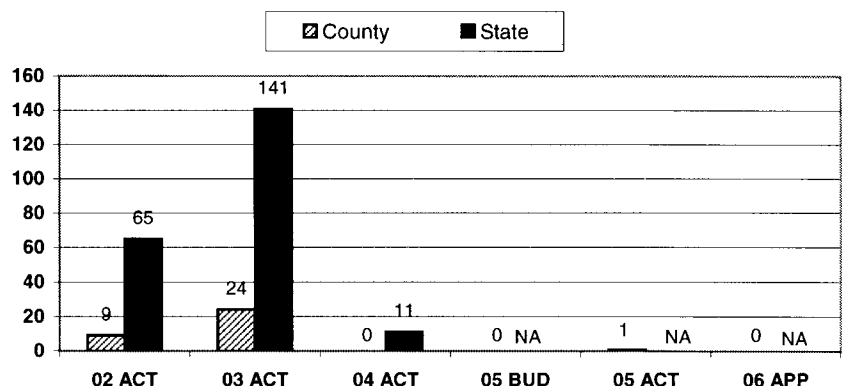
Notes:

^aControl measures are actions such as application of pesticide to prevent the growth of mosquitoes or to reduce the existing population.

^bA program manager was hire in July, 2005.

EXPLANATION:

The West Nile Virus program is responsible for establishing a logical trapping, monitoring, and testing program for the entire County. In FY05, a dedicated position was approved for this program, and a program manager was hired in July, 2005. The program coordinates with the Department of Environmental Protection, the Department of Public Works and Transportation, the Department of Housing and Community Affairs, the National Park Service, and the Maryland Department of Agriculture. Program staff serves as the liaison with the latter agencies, community organizations, municipalities, and adjoining county governments.

Number of West Nile Virus Cases


PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Environmental Protection; Department of Public Works and Transportation; Department of Housing and Community Affairs; National Park Service; Maryland Department of Agriculture; other community organizations, municipalities, and adjoining counties.

MAJOR RELATED PLANS AND GUIDELINES: Maryland Department of Agriculture mosquito reduction program.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Environmental Health Regulatory Services; Communicable Disease, Epidemiology, and Lab Services

PROGRAM ELEMENT:

Foodborne Diseases and Illnesses

PROGRAM MISSION:

To protect the public from foodborne diseases

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Incidence of major reportable cases of foodborne disease per 100,000 population	23.7	24.0	15.4	25	18.8	20
Percentage of facilities having a critical violation upon routine inspection ^a	28.8	28.9	33.0	27	26	27
Service Quality:						
Percentage of salmonella case investigations that are begun within two working days	98	90	92	98	98	98
Percentage of State-mandated inspections completed	NA	^b 66	80	100	78	100
Efficiency:						
Average cost per facility inspection (\$)	205	258	202	249	405	255
Average number of inspections per inspector per day	3.9	4.0	4.5	4.0	4.0	5.0
Workload/Outputs:						
Number of individuals with reportable foodborne illnesses investigated	202	210	138	230	171	150
Number of licensed food service facility inspections	5,291	^b 4,002	6,159	5,600	6,072	6,000
Inputs:						
Expenditures (\$000)	1,296	1,296	^c 1,245	1,245	1,245	1,531
Workyears	16.6	16.6	^c 13.8	13.8	13.8	14.7

Notes:

^aRoutine inspections are based on the at-risk priority established by regulations for the facility; the priorities change weekly.

^bThe reduction in the number of inspections in FY03 was due to a re-allocation of resources related to bio-terrorism mandates, vacancies, and the transfer of outbreak investigations to the License and Regulatory Office.

^cA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

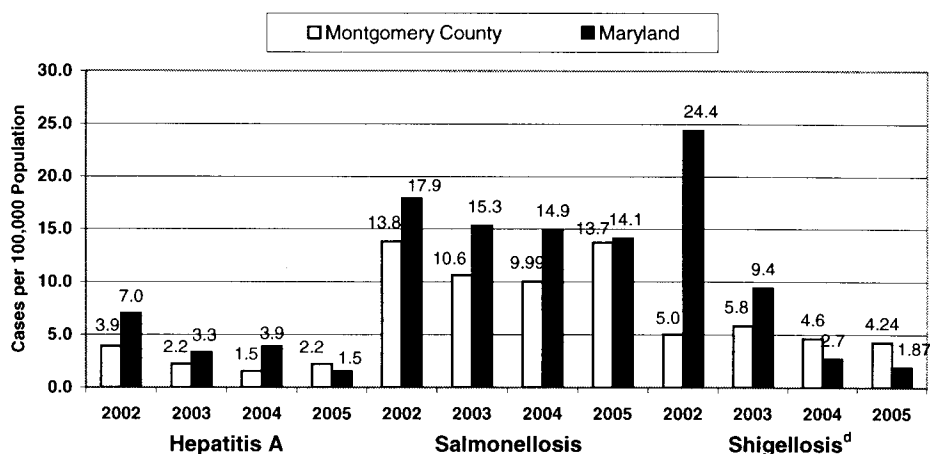
^dShigellosis is a foodborne disease, often called bacillary dysentery, that can cause digestive disturbances ranging from mild diarrhea to severe dysentery.

EXPLANATION:

These two programs issue permits, conduct inspections, enforce County laws and ordinances, and investigate and manage outbreaks in order to protect the public health from foodborne diseases. Montgomery County continues to investigate foodborne outbreaks. Spring and summer are the times of greatest activity. This is to be expected, of course, due to the increased frequency of celebrations serving food coupled with conditions more favorable to organism growth in warm weather.

Increased surveillance and case findings account for the steady, slow decline in the number of cases and case rates for illness. Experts estimate that reported cases account for only 10 percent of the actual incidence of disease.

Relative Incidence of Common Reportable Foodborne Diseases



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland State Department of Health and Mental Hygiene, Centers for Disease Control, University of Maryland, other health departments, hospitals, media.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.15.03, County Executive Regulation 11-93, Department of Health and Mental Hygiene Policy and Procedure Manual, County Code Chapter 15.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Health Care and Group Residential Facilities

PROGRAM ELEMENT:

 Domiciliary Care Homes^a
PROGRAM MISSION:

To ensure quality care and a safe environment for residents of domiciliary care homes through inspections and enforcement of applicable State and County regulations

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe

PROGRAM MEASURES^b

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
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Outcomes/Results:

Percentage of Domiciliary care homes inspected that were cited for State violations for failing to keep medications stored in a secure location	NA	NA	NA	NA	38	35
Percentage of inspections with medication error rate exceeding five percent	NA	NA	3.8	10	0.0	3

Service Quality:

Percentage of domiciliary care homes inspected annually as required by County law	NA	38.5	100	100	100	100
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Efficiency:

Cost per domiciliary care home inspected (\$)	NA	NA	9,846	9,846	9,846	9,926
Total licensure fees collected (\$)	NA	NA	21,540	17,000	16,440	17,000

Workload/Outputs:

Number of domiciliary care homes in the County	NA	26	26	26	26	27
Number of annual domiciliary quality-of-care inspections by nurse surveyors ^b	NA	0	26	26	26	27

Inputs:

Expenditures (\$000)	NA	67	^c 256	256	256	268
Workyears	NA	0.7	^c 2.7	2.7	2.7	2.7

Notes:

^aDomiciliary care homes are large assisted living facilities in which the bed capacity exceeds 16 residents.

^bThere were no health care facility nurse surveyors to conduct quality of care inspections in FY02 or FY03.

^cTwo additional workyears were approved for nurse surveyors in FY04.

EXPLANATION:

Public Health Services' Licensure and Regulatory Office issues Montgomery County licenses to domiciliary care homes (large assisted living facilities). In January 1999, Maryland's Department of Health and Mental Hygiene (DHMH) implemented new regulations for domiciliary care homes: the State now issues such homes a Maryland Assistive Living License. The DHMH and Montgomery County's Licensure and Regulatory Office (L&R) formed a partnership years ago to prevent duplication of inspections and to utilize limited staffing resources efficiently. As a result, L&R's nurse surveyors are responsible for annual nursing inspections, follow-ups, and complaint investigations to ensure compliance with County laws.

With the addition of the two nurse surveyors in FY04, 100 percent of the domiciliary homes have been inspected, as required by County law. All 26 homes were in compliance with County laws. In addition, the percentage of homes with medication error rates exceeding 5 percent was only 3.8 percent (one site), which is much lower than expected. In FY05, the medication error rate decreased to zero.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Ombudsman Program, Maryland Department of Health and Mental Hygiene (Office of Health Care Quality - Assisted Living Unit).

MAJOR RELATED PLANS AND GUIDELINES: State and County laws and regulations.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM: Health Care and Group Residential Facilities	PROGRAM ELEMENT: Nursing Homes
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PROGRAM MISSION:
To ensure quality care and a safe environment for nursing home residents through inspections and enforcement of applicable Federal, State, and County regulations

COMMUNITY OUTCOMES SUPPORTED:
• Children and vulnerable adults who are safe

PROGRAM MEASURES	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Percentage of facilities with actual harm deficiencies ^a	9	9	25	13	25	13
Percentage of nursing home complaints found to be in violation of Federal regulations during investigation	20	26	25	20	27	20
Percentage of facilities where facility-acquired pressure sores were identified during annual nursing home inspections ^b	NA	3.3	3.0	3.5	3.7	3.5
Service Quality:						
Percentage of nursing homes inspected annually as required by County, Federal, and State laws	100	95	89	100	92	100
Efficiency:						
Cost per nursing home inspection (\$)	1,935	3,111	4,483	5,069	5,730	5,308
Nursing home licensure fees collected (\$)	57,500	58,387	66,225	60,000	58,637	58,750
Workload/Outputs:						
Number of nursing homes in Montgomery County	38	38	35	37	35	35
Total number of nurse surveyor inspections	246	153	147	130	115	130
Number of complaints cited with Federal violations ^c	38	40	27	25	27	25
Inputs:						
Expenditures (\$000)	476	476	^e 659	659	659	690
Workyears	6.0	6.0	^d 7.0	7.0	7.0	7.0

Notes:

^aActual harm deficiencies include physical, mental, or psychosocial injury to a resident, including violation of residents' rights. There must be a negative outcome for the resident due to facility practices or divergence from accepted principles of practice. Examples include the development or worsening of a pressure sore, loss of dignity due to lying in a urine-saturated bed for a prolonged period, failure to provide pain management to the resident, etc.

^bFederal regulations state that "The facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates they were unavoidable." Pressure sores can be an indication of poor care and/or poor nutrition.

^cThe nurse surveyors review and analyze all information collected during the inspection to determine whether or not the facility has failed to meet one or more of the regulatory requirements (Federal, State, and County). Nurses cite deficiencies - including Federal violations - when the facility fails to comply with regulations.

^dIncludes one additional Community Health Nurse workyear to conduct quality assurance inspections of nursing homes (a new function). State Department of Health and Mental Hygiene policy prohibits this person from conducting Federal, State, or County annual, followup, or complaint inspections for nursing homes.

^eA quality audit conducted in FY04 resulted in the reallocation of expenditures.

EXPLANATION:

Federal, State, and County regulations require that all nursing homes be inspected annually. Since Montgomery County had a nursing home licensure law before the Federal and State of Maryland laws, a partnership was formed years ago between the Maryland Department of Health and Mental Hygiene and Montgomery County's Licensure and Regulatory Office to prevent duplication of inspections and to utilize limited staffing resources efficiently. As a result of this partnership, community health nurses from the Licensure and Regulatory Office conduct annual, follow-up, and complaint investigations of nursing homes to ensure compliance with Federal, State, and County regulations. These inspections are unannounced and determine whether providers receive Medicare/Medicaid certification. The inspection reports become public documents: they are posted in nursing homes and are available in public libraries and on the Internet. The failure of providers to provide quality care and promote quality of life for their residents may result in termination from the Medicare/Medicaid program, significant sanctions (including civil monetary penalties), staffing mandates, and/or denial of payment for new admissions.

Nurse inspectors identified actual harm deficiencies in 25 percent of the nursing home inspected in FY05. Deficiencies include residents who have been identified as being in pain for various reasons (chronic illness, treatment of pressures sores, etc.) and nursing home staff who did not provide residents with adequate pain relief in a timely manner. The number of nurse surveyor inspections decreased over the last three fiscal years in part because resident-to-resident incidents were investigated administratively or during the facility's annual survey. In FY05, 92 percent of County nursing homes were inspected. Nursing home surveys are unannounced, and Federal regulations allow "annual" surveys to be conducted between 9 and 15 months after the previous survey to keep the surveys from being predictable. The number of nursing homes (and beds) continues to vary; some nursing homes have merged, others continue to increase the number of beds. Regulations require that the nurse inspectors review a certain percentage of resident records depending on the size of the facility. Thus, larger nursing homes require more time for completion of the inspections. (Montgomery County has the largest nursing home in the State with 558 beds.) In FY05, the percentage of annual surveys and facility visits decreased due to more time spent surveying facilities with serious findings.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Ombudsman Program; Maryland Department of Health and Mental Hygiene (Office of Health Care Quality - Long Term Care Unit); Centers for Medicare and Medicaid Services.

MAJOR RELATED PLANS AND GUIDELINES: Federal, State, and County laws and regulations.

HEALTH AND HUMAN SERVICES
Public Health Services

PROGRAM:

Health Care and Group Residential Facilities

PROGRAM ELEMENT:

Small Assisted Living Homes/Group Homes for the Elderly

PROGRAM MISSION:

To ensure the health and safety of residents in assisted living facilities by monitoring compliance with State regulations

COMMUNITY OUTCOMES SUPPORTED:

- COMMENT 1 OUTCOMES SUPPORTED:**
- Children and vulnerable adults who are safe
 - Children and adults who are physically and mentally healthy

PROGRAM MEASURES

PROGRAM MEASURES	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
<u>Outcomes/Results:</u>						
Percentage of inspected homes cited for State violations for failing to keep medications stored in a secure location	NA	NA	NA	NA	45	40
Percentage of inspected homes cited for State violations for failure to thoroughly ^a complete a resident incident report and/or complete the report within 24 hours of having knowledge of an incident occurring	NA	NA	NA	NA	24	20
<u>Service Quality:</u>						
Percentage of surveys/inspections conducted annually as required by County law ^b	NA	NA	NA	NA	37	39
<u>Efficiency:</u>						
Average cost per home inspected/surveyed (\$)	NA	NA	NA	NA	2,725	2,673
<u>Workload/Outputs:</u>						
Number of surveys/inspections conducted	NA	NA	NA	NA	51	60
Number of homes licensed by the County	NA	NA	NA	NA	111	130
Number of State licenses renewed	NA	79	58	57	90	130
<u>Inputs:</u>						
Expenditures (\$000)	NA	152	139	139	139	147
Workyears	1.8	1.8	1.5	1.5	1.5	1.5

Notes:

^a"Thorough" means that the incident report includes all items mentioned in the Incident Report Definition. The Incident Report is a document required by COMAR that includes the time, date, place, and individuals present during the incident; a complete description of the incident; the response of staff at the time; and follow-up actions taken (including notification to the resident's representative or family, and to licensing or law enforcement authorities when appropriate).

^bChapter 23A of the County Code requires that all group homes be surveyed/inspected annually. Approximately 50 percent of these homes are surveyed by the Maryland Department of Health and Mental Hygiene.

EXPLANATION:

In April 2004, the Small Assisted Living Home Program was transferred from Aging and Disability Services to the Licensure and Regulatory Office (L&R) of Public Health Services in order to provide standardized surveys/inspections in conjunction with the Large Assisted Living/Domiciliary Care homes inspected by L&R nurses. L&R surveyors inspect 55 of the 137 small group homes. The Maryland Department of Health and Mental Hygiene (DHMH) Office of Health Care Quality staff have been striving to survey the remaining homes in the County but do not have sufficient surveyors to do so.

Licensing and Regulatory Services does not have the capability to track outcome measures for homes inspected by the State at this time. The above data reflect the homes inspected by County L&R surveyors.

The County requires that group homes with 3 -16 residents pass an inspection in order to be licensed. To accomplish this task, County "surveyors" (inspectors) utilize survey protocols provided by DHMH's Office of Health Care Quality. The licensure process - which includes technical assistance, cooperation, and collaboration with County and State agencies - enables the program to ensure a good quality of life for residents in these homes.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Department of Health and Mental Hygiene, Maryland Department of Aging.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.07.14, Chapter 23A of the County Code.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Health Promotion and Prevention

PROGRAM ELEMENT:

Alcohol and Drug Abuse Prevention

PROGRAM MISSION:

To reduce the health impact of alcohol, tobacco, and other drug use on Montgomery County residents by changing the social environment, promoting effective programs and services, enhancing the ability of community groups to resolve local problems, and reducing risk factors while increasing resiliency factors among youth and families

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Young people making smart choices

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Percentage of 8th graders who report smoking tobacco in the past 30 days ^a	6.4	NA	2.6	TBD	NA	2.4
Percentage of 10th graders who report binge drinking in the past 30 days ^a	16.6	NA	12.6	TBD	NA	18.5
Number of model programs implemented ^b	NA	NA	NA	3	3	4
Total value of mini-grants awarded to community groups (\$) ^c	108,881	29,381	NA	NA	NA	NA
Service Quality:						
Percentage of clients reporting increased knowledge after training	100	100	100	100	86	90
Percentage of clients satisfied with training sessions	100	100	100	100	86	90
Efficiency:						
Training sessions and under-21 events per workyear	38	13	23	10	26	25
Workload/Outputs:						
Number of grants awarded to community groups ^c	68	9	NA	NA	NA	NA
Number of training sessions conducted ^d	39	11	NA	NA	NA	NA
Number of policy issues promoted	21	NA	2	2	2	2
Number of adults participating in smoking cessation classes	28	41	12	70	26	0
Number of under-21 events funded	56	22	56	23	62	60
Inputs:						
Expenditures (\$000)	730	724	610	610	610	627
Workyears	2.5	2.5	2.4	2.4	2.4	2.4

Notes:

^aThis survey is given every two years. Binge drinking means consuming five or more drinks on one occasion.

^bThe Schools and Drug Abuse Administration funds the program and requires the implementation of model programs. Model programs have been tested in communities, schools, social service organizations, and work places across America and have provided solid proof that they have prevented or reduced substance abuse and other related high-risk behaviors.

^cMini-grants are awarded under this program to community groups through an application process. Funding for this activity is unavailable after FY03.

^dFunding for this activity was discontinued in FY04.

EXPLANATION:

Substance Abuse Prevention Services (SAPS) bases its program on effective, research-grounded principles as delineated by the National Institute on Drug Abuse and the White House's Office of National Drug Control Policy. SAPS strives to assure that all citizens benefit from its prevention efforts and, in so doing, directs a large portion of its resources toward environmental change strategies. Research that found that environmental strategies are easier to maintain, are more cost-effective, have a broader reach, and have more substantial and enduring effects than efforts which target individuals has confirmed this approach. Major emphasis is placed on reducing risk factors and enhancing protective factors for children and youth, their families, and communities. This approach requires in-depth collaboration with other agencies and organizations to ensure comprehensive strategies.

The Substance Abuse Prevention Manager and most contractual program coordinators entered FY05 with rich experiences and lessons learned from implementing the programs for an entire year, resulting in enhanced administration and services to the public. FY05 monthly reports, program visits, and meetings indicate that implementation of Across Ages, Drawing the Line, Dare to Be You, and the Carroll Avenue Quebec Terrace Community Center is occurring as contracted. As County demographics change, the program has an increased the number of Latino/Hispanic participants, creating a challenge to all programs to hire and train culturally competent staff and deliver culturally competent programs.

The highlights include strategic use of the media to promote prevention education, the Carroll Avenue/Quebec Terrace Community Center moving to a permanent site and holding a Cultural Diversity Festival attended by 138 people, and Drawing The Line partnering with other organizations to promote the Parents Who Host Lose The Most and Cops in Shops prevention programs. In addition SAPS participated in a highly successful community education program for parents and teens at the AFI Silver Theatre focusing on underage alcohol use and auto crashes which were front page County news. Over 300 parents, teens, professionals, and other interested parties attended.

There was a sharp decline in the number of adults participating in smoking cessation classes in FY05 due to the lack of funds for purchasing nicotine patches to offer to high risk, low income clients enrolling in the classes. (The offer of nicotine replacement therapies is an essential component of the smoking cessation program.) In FY06, Health Promotion and Substance Abuse Prevention will not provide individual cessation services. Those needing this service will be referred to the Cigarette Restitution Fund program for individual cessation counseling and patches, if available.

In FY06, SAPS expects to maintain the level of services provided in FY05. The program will also seek additional resources through grants to enhance the program's capacity to deliver culturally competent services and to re-institute the mini-prevention grants to indigenous organizations. Across Ages will seek to increase mentors, while Dare To Be You expects to increase the retention of at-risk families in the program.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Drawing the Line Coalition, Montgomery County Community Partnership, Maryland Association of Prevention Professionals and Advocates, Silver Spring YMCA Youth Services, Combating Underage Drinking, State Prevention Workgroup, State Alcohol and Drug Abuse Administration, Governor's Office of Crime Control and Prevention, Substance Abuse Policy Leadership Team, Community Based Prevention Intervention and Family Support Committee, Montgomery County Recreation Department and Police Department, Montgomery County Project Prom/Graduation, Emergency Nurses CARE.

MAJOR RELATED PLANS AND GUIDELINES: Prevention Principles for Adolescents and Children (National Institute on Drug Abuse), Alcohol and Drug Abuse Administration Standards of Prevention, Healthy People 2010, Science-Based Substance Abuse Prevention (Office of National Drug Control Policy), Children's Agenda.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Health Promotion and Prevention

PROGRAM ELEMENT:

Community Health Promoters

PROGRAM MISSION:

To promote healthy behaviors among Latinos and other minority populations in Montgomery County through training, community outreach, and assistance with access to care

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Percentage of all families with children served that enrolled in the Maryland Children's Health Insurance Program	53	36	42	15	^d 19	15
Percentage of families referred to other County programs	NA	NA	NA	NA	48	70
Service Quality:						
Percentage of trained health promoters ^a retained	84	70	87	75	86	75
Efficiency:						
Cost per trained health promoter (\$)	1,104	922	^c 639	624	788	666
Cost per family intervention (\$) ^b	54	84	^c 25	35	12	16
Workload/Outputs:						
Number of health promoters trained	91	109	136	92	85	96
Number of family interventions	923	586	1,153	828	2,453	2,000
Number of educational activities	900	1,722	2,607	828	755	260
Inputs:						
Expenditures (\$000)	150	150	^c 87	87	87	97
Workyears	0.8	0.8	0.8	0.8	0.8	0.8

Notes:

^aHealth promoters are lay Latino persons from the community willing to collaborate voluntarily to be trained to provide health information to other community members.

^bCosts are based on 33 percent of total program expenditures.

^cA quality audit conducted in FY04 resulted in a reallocation of expenditures.

^dThe percentage of families enrolled decreased due to changes in eligibility requirements.

EXPLANATION:

Three Health Promoter Programs in different parts of Public Health Services train lay community people on issues related to health promotion and prevention, access to the Maryland Children's Health Insurance Program (MCHP), and MCHP Premium and County health programs available for low-income and uninsured residents. Health promoters are leaders in the community who play very important roles in linking the community to health services, know the community and its problems, and advocate for changes that will improve the health of the community. The health promoters inform and assist families in the community with filling out the MCHP application or encourage them to seek health services. Expansion of the program has increased the number of Hispanic families that can be reached. The health promoters are responsible for the distribution of the "Latinoamericano" and "To Your Health" (the English version), a health newsletter tailored to educate and inform the community on preventive health issues, available health resources, and much more. With the retention of health promoters participating in the program and the possible expansion to a third School Based Health Center community in FY06, the number of family interventions is expected to remain high.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Latino Health Initiative, Administration Care Coordination Unit, School Health Services.

MAJOR RELATED PLANS AND GUIDELINES: Targets for Excellence in Service FY02.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Health Promotion and Prevention

PROGRAM ELEMENT:

Injury Prevention

PROGRAM MISSION:

To reduce death and disability among Montgomery County residents from preventable injuries by mobilizing community partnerships, by increasing public awareness, and by providing professional consultation and training, media outreach, and distribution of injury prevention products

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Rate of unintentional (accidental) child deaths (per 100,000) ^a	NA	3.50	3.90	NA	3.86	3.90
Rate of pedestrian deaths (per 100,000) ^a	1.93	1.90	1.90	1.89	1.89	1.90
Percentage of residents wearing seat belts	85.6	89.3	89.0	90	89.0	90
Percentage of non-professional participants in Shaken Baby education programs who increase their understanding of the problem ^b	86.0	89.7	93.0	89	93.0	89
Service Quality:						
[TO BE DEVELOPED]						
Efficiency:						
Cost per injury prevention product distributed (\$)	47	47	64	61	66	68
Workload/Outputs:						
Number of cases reviewed by the Child Fatality Review Team ^a	20	25	27	25	27	25
Number of gun locks distributed	288	300	^c NA	NA	NA	NA
Number of bicycle helmets distributed	450	1,000	1,320	1,600	^d 1,100	1,000
Number of car seats distributed	500	900	893	900	^e 560	600
Number of reflective materials distributed	6,945	6,000	4,000	4,000	4,400	4,000
Number of Shaken Baby educational sessions conducted	53	83	67	60	64	60
Inputs:						
Expenditures (\$000)	383	382	397	397	397	420
Workyears	3.5	3.5	3.5	3.5	3.5	3.5

Notes:

^aCalendar year figures (FY04 = CY03). The first outcome measure is dependent upon the publication of Maryland Vital Statistics.

^bBased on pre- and post-tests.

^cIn FY04, gun lock distribution was discontinued.

^dThe FY05 decrease in helmet distribution is due to limited funds and cost increases.

^eThe decrease in car seats distributed is due to limited funds. In FY05, a fee is being charged for the car seats.

EXPLANATION:

Injury is the number one cause of death and disability among children under the age of 14. Nationally, three out of four injury deaths are unintentional. Causes of unintentional deaths and injuries include motor vehicle crashes, discharges of firearms, falls, fires, and drowning. Montgomery County's Child Fatality Review Team (CFRT) performs detailed reviews of all deaths of children from birth to age 18 referred to the State Medical Examiner. The CFRT identifies trends and patterns that contribute to childhood deaths, providing knowledge to help plan interventions to prevent future deaths.

Child abuse and homicide are intentional forms of injury. Shaken baby syndrome is an example of such an injury. It occurs when a child's head is whiplashed back and forth during shaking or from blunt force trauma when a child is thrown against a solid surface. The syndrome affects 3,000 - 5,000 babies or young children in this country each year.

In FY04, gun lock distribution was discontinued, and there was a reduction in the number of reflective materials distributed due to decreased funding for these activities. However, there was an increase in bike helmets distributed in FY04: over 1,300 bike helmets were provided to help reduce bike-related injuries. In FY05, training continued and expanded to include the Child Care Administration's SIDS (Sudden Infant Death Syndrome) training for Licensed Child Care Providers, Teen Dating Violence Awareness/Prevention, Domestic Violence/Family Violence Prevention During Pregnancy, Prevention of Missing and Exploited Children, Effects of Domestic/Family Violence on Unborn Children, and Early Brain Development in the first three years of life.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Police Department, Montgomery County Fire and Rescue Service, Montgomery County Office of Consumer Affairs, Montgomery County Public Information Office, Suburban Hospital, Holy Cross Hospital, Adventist Health Care Systems, Cooperative Extension Services - 4H, Emergency Nurses Association, State Highway Safety Office, Rockville City Police, Gaithersburg City Police, Montgomery County Recreation Department, AAA, State Farm Insurance, Project Prom, Progressive Insurance Company, Allstate Insurance, Maryland Pedestrian and Bicycle Advisory Committee, Maryland State Parole and Probation, Maryland-National Capital Park Police, Fitzgerald Automall, Drawing the Line, Safe Communities, School Health Services, Walk DC, Safe Neighborhood Day Inc., Montgomery County Public Schools, State delegates, staff of the Blue Ribbon Panel on Pedestrian and Traffic Safety, Hospitality Resource Panel, Mothers Against Drunk Driving, Insurance Institute for Highway Safety, Network of Employers for Traffic Safety, Maryland Safety Council, Federal Highway Administration, Women Leaders of Highway Safety, Consumer Products Safety Commission, Families Foremost, Responsible Fathers, Americaid Corporation, Health Care Coalition, Healthy Families Montgomery, individual citizen volunteers interested in injury prevention.

MAJOR RELATED PLANS AND GUIDELINES:

HEALTH AND HUMAN SERVICES Public Health Services

PROGRAM:

Office of Minority and Multicultural Health Services

PROGRAM ELEMENT:

African American Health Program

PROGRAM MISSION:

To eliminate health disparities between African-Americans and other populations in Montgomery County through community-based coalitions that will advocate for increased access to health services, develop and implement strategies for prevention of diseases, and increase public awareness of health needs

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:^a						
Rate of African-American infant mortality per 1,000 live births	11.4	7.6	15.7	9.0	NA	8.0
Percentage of hospital discharge patients diagnosed with diabetes-related diseases who are African-Americans ^b	32	32	40	32	32	32
Percentage of new AIDS cases that are African-Americans	47	47	47	47	NA	47
Number of abnormalities found through oral cancer screening	11	26	34	13	43	13
Service Quality:						
Percentage of program participants surveyed who report satisfaction with the services	NA	85	90	90	90	92
Percentage of African-Americans who demonstrate an increase in knowledge after taking diabetes education classes	NA	NA	NA	80	85	85
Number of individuals identified with hypertension and referred for medical follow-up	NA	NA	NA	75	150	75
Efficiency:						
Cost per educational activity (\$)	NA	184	190	185	198	244
Cost per pregnant woman case-managed (\$)	NA	1,641	1,685	1,650	1,821	1,573
Workload/Outputs:						
Number of Wellness Center clinic visits	NA	279	746	700	850	^c 2,000
Number of pregnant and post delivery women case-managed	30	47	83	100	96	120
Number of babies up to one year of age case-managed	NA	NA	57	60	85	90
Number of participants in HIV Prevention Programs ^c	NA	275	371	300	486	400
Number of participants in diabetes education activities	NA	188	292	100	132	132
Number of groups getting mini-grants for educational activities	NA	18	12	6	6	6
Number of dental screens for children	NA	NA	NA	200	242	200
Number of patients screened for oral cancer	386	1,192	852	400	779	425
Number of clients referred and screened for colorectal cancer	NA	NA	NA	50	56	50
Inputs:						
Expenditures (\$000)	571	796	^d 825	900	900	1,110
Workyears	1.8	1.8	^d 1.3	1.3	1.3	1.3

Notes:
^aOutcome data are reported by calendar year (FY04 = CY03).

^bAfrican-Americans make up 15 percent of the County population.

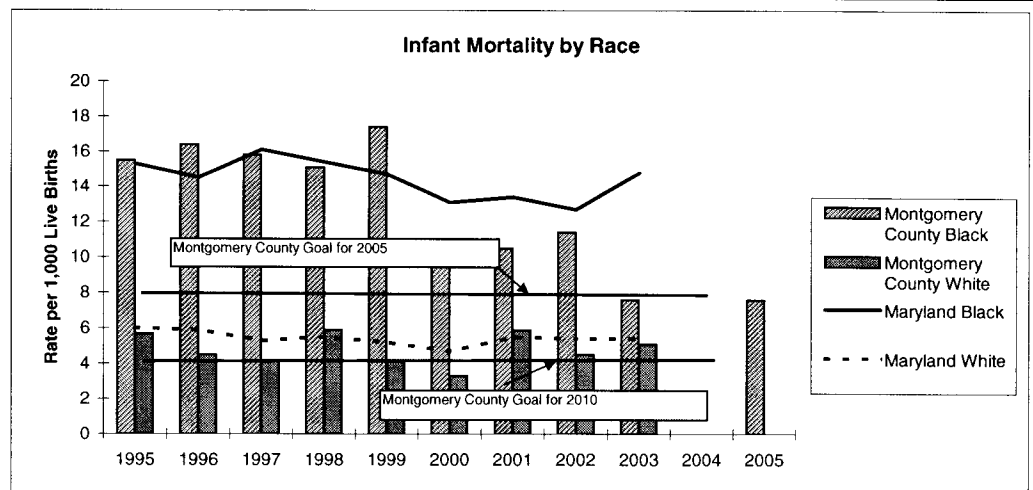
^cNearly 50 percent of new AIDS cases are African Americans.

^dA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

^eThe increase is based on an increase in the number of wellness clinics to be held and increased hours for day clinics. The additional workload will be handled by one additional contract employee.

EXPLANATION:

The Department of Health and Human Services implemented the African American Health Program to address health disparities that are disproportionately affecting African Americans. The program is composed of community-based coalitions in the areas of infant mortality, diabetes, HIV/AIDS, oral health (oral cancer), and other chronic diseases. The program provides clinic services through The People's Community Wellness Center, nurse case management for pregnant women, health education, intervention, and prevention activities to improve the health status of African Americans in Montgomery County. The FY06 increase in funds will be used to contract for an additional community health nurse to increase the case management capacity for pregnant women and children up to one year of age and to expand media outreach for HIV prevention.



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: The People's Community Baptist Church, Academy for Educational Development; Holy Cross Hospital; Adventist Health Care; Centers for Disease Control; Maryland Department of Health and Mental Hygiene; the faith community; other community leaders, members, and partners.

MAJOR RELATED PLANS AND GUIDELINES: U.S. Department of Health and Human Services - Healthy People 2010 goals and objectives, Montgomery County Health Status Reports.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:
Office of Minority and Multicultural Health Services

PROGRAM ELEMENT:
Latino Health Initiative

PROGRAM MISSION:

To foster the establishment of a coordinated, integrated, and culturally competent system of care for the low-income Latino population by developing, implementing, and evaluating a health agenda that is responsive to their needs

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES^a

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Percentage change in healthy behaviors as a result of the Latino Wellness Program	NA	NA	22	22	27	22
Percentage increase in the cancer prevention knowledge of the Community Health Promoters as demonstrated by pre- vs. post-training test scores	NA	NA	16	12	28	12
Service Quality:						
Percentage of parents satisfied with the Latino Youth Wellness Program	NA	NA	95	85	91	85
Percentage of youths satisfied with the Latino Youth Wellness Program	NA	NA	96	85	88	85
Percentage of clients satisfied with referral and interpreter services	NA	NA	94	85	95	85
Efficiency:						
Average cost per Youth Wellness Program training session (\$)	NA	NA	34	34	34	34
Average cost per medical interpreter service (\$)	NA	NA	50	50	50	50
Workload/Outputs:						
Latino Youth Wellness Program						
Number of youths completing health assessment survey	NA	NA	50	50	68	90
Number of one-on-one counseling sessions	NA	NA	720	500	530	800
Number of Community Advisory Board meetings	NA	NA	4	4	4	4
System Navigator and Interpreter Program						
Number of one-on-one referrals/encounters	NA	NA	2,849	3,000	4,382	4,300
Number of medical interpreter services provided	NA	NA	1,846	1,200	1,655	2,000
Number of Community Advisory Board meetings	NA	NA	4	4	4	4
Cancer Prevention and Control Program						
Number of Community Health Promoters trained in cancer prevention	NA	NA	22	22	16	16
Number of Latinos reached through education	NA	NA	2,778	650	1,078	650
Number of Latinos referred by Health Promoters who had colonoscopies	NA	NA	75	40	13	40
Number of Latinos referred by Health Promoters who had mammograms	NA	NA	308	NA	121	100
Number of referrals made by Health Promoters for pap smears	NA	NA	255	NA	306	200
Other						
Number of Steering Committee meetings	12	15	32	12	41	12
Inputs:						
Expenditures (\$000)	180	525	724	799	799	1,207
Workyears	1.2	1.2	1.2	4.1	4.1	4.1

Notes:

^aThe Latino Health Initiative officially began in FY01. However, after a major study in FY02, the focus of the program changed. FY04 was the first year for data collection.

EXPLANATION:

The County Executive and the County Council established the Latino Health Initiative (LHI) in July 2000 to develop, implement, and evaluate a plan of action to address the health needs of low-income Latinos in Montgomery County. Specific functions of the Initiative are to: (1) enhance the coordination of efforts among existing programs and services targeting Latinos; (2) develop and test models of programs and services to effectively reach Latinos; and (3) provide technical assistance and advice to individuals in decision-making positions regarding Latino health-related issues. The LHI staff work in close coordination with a Steering Committee of ten entities from the national, State, and local levels serving Latinos. The Steering Committee provides technical guidance and oversight of LHI activities and works in close collaboration with County officers and elected officials to ensure that Latino health needs are adequately addressed.

A health needs assessment of the target population, initiated in February 2001 and completed in FY02, included collection of epidemiological data, focus groups with clients, interviews with key informants, and site visits to health care providers. A community planning process to identify top health priorities and develop recommendations was also conducted during FY02. The program focus changed as a result of these efforts. Two new programs were implemented: a Latino youth wellness program, and bi-lingual information line/medical interpreter services (the System Navigator and Interpreter Program). A contractor selected through competitive bidding is currently conducting these programs.

During FY03 and FY04, a plan of action identifying priority health issues and recommendations on how to address those issues was developed through a community planning process that involved Steering Committee members and other key stakeholders. Community Planning staff will continue to develop action plans and interventions to implement the recommendations that have been developed.

In FY05, Cigarette Restitution Funds were reduced, as reflected in the targets for the Cancer Prevention and Control program measures. Additional funds approved for FY05 will be directed toward enhancing the Health Promoter Program by adding a Program Specialist II. The increase in funds will allow the program to provide enhanced training and monitoring of the health promoters, acquire the necessary educational resources and incentives to assist the promoters in their interventions, develop targeted approaches to high risk areas in the County, increase the use of preventive health care, and provide the health promoters with enhanced leadership skills. During FY05, the LHI embarked in a major planning effort to pilot a program to facilitate the nursing licensure of foreign-trained Latino nursing professionals. In addition, through a grant provided by the University of Maryland School of Medicine, the LHI conducted the planning phase of a Latino household cancer survey aimed at reaching 500 households and, with funding provided by the Maryland Department of Health and Mental Hygiene, conducted an assessment for the development of an asthma management intervention targeting parents of Latino children with asthma.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: National Council of La Raza, National Hispanic Council on Aging, George Washington University, CASA of Maryland, Hispanic Chamber of Commerce, Identity Inc., Prevention, Inc., Spanish Catholic Center, Community Ministries of Rockville, Community Ministries of Montgomery County, National Institutes of Health, Primary Care Coalition, Holy Cross Hospital, Adventist Hospital, Safety Net Providers, Office of the County Executive.

MAJOR RELATED PLANS AND GUIDELINES: Blueprint for Latino Health, Executive Summary 2002 - 2006.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Office of Partnership and Health Planning

PROGRAM ELEMENT:

Care For Kids Program

PROGRAM MISSION:

To improve access to health care for uninsured children

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02	FY03	FY04	FY05	FY05	FY06
	ACTUAL	ACTUAL	ACTUAL	BUDGET	ACTUAL	APPROVED
Outcomes/Results:						
Percentage of eligible Care For Kids children linked to a medical care provider	^a 72	83	82	80	86	80
Service Quality:						
Percentage of clients satisfied with linkage process	NA	90	80	90	88	90
Percentage of referred children linked with a provider within one month of referral from a Service Eligibility Unit ^b	^a 15	51	65	50	61	55
Efficiency:						
Average cost per child to provide medical care (\$)	231	257	270	291	268	297
Workload/Outputs:						
Number of children referred from Service Eligibility Units to Care For Kids	1,222	950	870	1,100	904	1,000
Number of children newly enrolled with Care For Kids providers	839	785	716	800	777	800
Total number of participating children	2,739	2,728	2,691	2,500	2,714	2,500
Inputs:						
Expenditures (\$000) ^c	633	701	727	727	727	742
Workyears ^c	0.6	0.6	0.6	0.6	0.6	0.6

Notes:
^aBudget reductions and the savings plan implemented during the second half of FY02 resulted in reduced staff for enrollment assistance.

^bService Eligibility Units are part of a Department of Health and Human Services program that helps uninsured County residents access a variety of Federal, State, and County funded health programs.

^cExpenditures and workyears include the contract monitoring effort and represent the full cost associated with service delivery.

EXPLANATION:

Research indicates that adherence to the American Academy of Pediatrics guidelines on well-child visits is related to a decrease in avoidable hospitalizations among poor and near-poor children regardless of race, family poverty level, or health status of the child. Having a regular source of health care promotes the use of preventive services. One study indicates that uninsured children are eight times less likely to have a regular source of health care than insured children. Research also shows that children who are insured are more likely to be healthy, and children who are healthy are more likely to succeed in school.

The Care For Kids Program (CFK) supports the goal of the Montgomery County Government that all children in the County will have health insurance and access to health care by providing services to children who do not qualify for the Maryland Children's Health Program (MCHP) or Medical Assistance. The Primary Care Coalition (PCC) of Montgomery County handles administrative and enrollment responsibilities under a contract with Public Health Services. Children are screened for eligibility by the Department of Health and Human Services Service Eligibility Units and then referred to the PCC, where they are linked to a medical provider.

Eligibility requirements for both the Maryland Children's Health Program (MCHP) and Care for Kids changed during FY04. Beginning in January 2004, the eligibility cap for Care for Kids (CFK) was reduced from 250 percent of the Federal Poverty Level (FPL) for all applicants to 200 percent of the FPL for children ages 0-5 years and 185 percent for children over age 5. Eligibility requirements returned to prior levels in FY05.

An estimated additional 1,200 children are eligible for the Care for Kids Program as of July 1, 2005 (FY06) due to the end of State-only Medical Assistance coverage of legal residents who have lived in the country less than five years. Adjustments to program eligibility may need to be made if no additional funds are available.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: School Health Services, Dental Program, Primary Care Coalition, Service Eligibility Units, Montgomery County Public Schools, Kaiser Permanente, Community Clinic, Inc.

MAJOR RELATED PLANS AND GUIDELINES: Children's Medical Services, Care For Kids Case Management Services.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Office of Partnership and Health Planning

PROGRAM ELEMENT:

Fetal and Infant Mortality Review Board

PROGRAM MISSION:

To further reduce fetal and infant mortality and improve perinatal^a systems through the analysis of qualitative and quantitative record reviews and maternal interviews

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Rate of infant mortality in Montgomery County per 1,000 live births	5.4	5.5	^b 7.2	5.5	7.2	7.2
Service Quality:						
Percentage of FIMR meetings where two or more cases are reviewed	100	100	100	100	100	100
Efficiency:						
Cost per Review Board meeting (\$)	12,500	^c 17,857	18,750	21,429	21,429	29,571
Workload/Outputs:						
Number of quantitative record reviews conducted	70	70	70	70	70	70
Number of qualitative record reviews conducted	20	14	18	14	14	14
Number of Review Board meetings held	10	^c 7	8	7	7	7
Number of maternal interviews conducted	35	18	19	18	18	18
Inputs:						
Expenditures (\$000)	125	125	^d 150	150	150	207
Workyears	1.5	1.5	^d 1.7	1.7	1.7	1.7

Notes:
^aPerinatal refers to the entire pregnancy and after-birth period.

^bThere was a change in classification from fetal deaths to live birth deaths in 2004.

^cStarting in FY03, the number of FIMR Board meetings will be six to eight in response to a State priority to focus on Community Action Team strategies meetings.

^dA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

The four leading causes of infant death in Maryland (2003) are disorders relating to short gestation, low birth weight, congenital anomalies, and maternal complications of pregnancy. According to the Healthy People 2010 objectives, infant mortality should be reduced to a rate of 4.5 per 1,000 live births. Maryland data on infant mortality rates for 2003 were released in 2005 and show a 33% decline in the black infant mortality rate for Montgomery County (from 11.4 to 7.6 per 1,000 live births in 2003). More data are needed to assess the significance of this decrease.

In 1998, Montgomery County established a Fetal and Infant Mortality Review (FIMR) Board. As described by the National FIMR Program, "FIMR provides for improved public health needs assessment and quality assurance, as well as a basis for policy development" towards reducing infant mortality. The FIMR Board is designed to provide qualitative perinatal record review and analysis of County fetal and infant deaths in an effort to reduce infant morbidity and mortality and improve perinatal systems infrastructure.

The Community Action Team (CAT) was developed in March 2002 as an independent Board to implement recommendations from the FIMR. Accordingly, CAT develops new and creative solutions to improve services and resources for families that enhance the credibility and visibility of issues related to women, infants, and families within the broader community, and works with the community to implement interventions which improve services and resources.

In FY05, the FIMR and its Community Action Team focused on two areas for perinatal systems improvements: provider education and community education. They developed and presented a Grand Rounds Program at County hospitals for obstetricians and pediatricians to increase awareness of infant mortality rates and racial disparities in birth outcomes, County resources available to improve pregnancy outcomes, and underlying causes of fetal and infant mortality. They worked in partnership with the African American Health Program Infant Mortality Coalition and the Asian American Health Initiative to raise awareness of the importance of pre-conception health. In addition, they held networking sessions with many agencies from the private and public sectors. Through negotiations with the State, a grant was awarded to Montgomery County to expand the Perinatal Network Newsletter from a County-only newsletter to a Statewide newsletter.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: State Center for Maternal and Child Health, Collaboration Council, Child Fatality Review Board, MedChi, African American Health Initiative Infant Mortality Committee.

MAJOR RELATED PLANS AND GUIDELINES: American College of OB/GYN standards and guidelines, Centers for Disease Control and Prevention, Food and Drug Administration (radiology standards), Healthy Start Reference Manual, Center for Medicare and Medicaid Services, National Fetal and Infant Mortality Review Program, Health Resources and Services Administration's Maternal and Child Health Bureau.

PROGRAM: Public Health Emergency Preparedness Response Program; Environmental Health Regulatory Services	PROGRAM ELEMENT: Emergency Preparedness
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To ensure a competent and functional public health infrastructure for responding to natural and man-made disasters, bioterrorism, and other mass casualty events by developing and implementing emergency plans, participating in training and exercises, and improving surveillance and response capabilities

- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe

Notes:

^a"Public Health Ready" is a collaborative activity between the National Association of County and City Health Officials and the Centers for Disease Control and Prevention to prepare staff of local government public health agencies to respond to and protect the public's health through a competency-based training and certification program.

^bResidents may be reached more than once.

^cAn activated emergency is declared by the County's Chief Administrative Officer.

^dPlans are reviewed based on the County's Emergency Operations Plan guidelines under the Basic Plan Annex.

^eEmergency plans are developed in response to the Maryland Emergency Management Agency, the Maryland Department of Health and Mental Hygiene, and the Centers for Disease Control. These plans are written by Emergency Management Group subcommittees and by departments. This tally also includes plans included in the "Public Health Ready" document, which was developed during FY04. (Each section of "Public Health Ready" is counted as a plan, which accounts for the large number of plans developed in FY04.)

^fThe Hospital Committee, a subcommittee of the Emergency Management Group, meets regularly to ensure that Montgomery County's hospitals are full participants in the planning and preparations for mass fatality and mass casualty events. Beginning in FY05, meetings are scheduled to be held quarterly.

^gReflects a change in grant funding.

^hIn addition to Public Health Service staff, 951 non-public health County staff were trained.

The Department of Health and Human Services partners with the County's Chief Administrative Officer, the County's Homeland Security Department, and other County agencies in preparing for the mitigation and remediation of the results of natural and man-made disasters. Training, planning exercises, and actual events drive a constant cycle of analysis, new plans, and testing to improve the government's ability to assist County residents in the event of a disaster.

A major component of this program involves public health preparations, plans, and training to detect and respond to a bioterrorism threat or a natural biological agent. Public Health Services constantly monitors incidents to anticipate or react to threats to the public's health, and has entered into a collaborative pilot project called "Public Health Ready" which is sponsored by the Centers for Disease Control and Prevention and the National Association of County and City Health Officials. In February 2004, Public Health Services was one of only eleven public health agencies in the country to receive Public Health Ready certification. Public Health Services is now certified as ready to respond to public health emergencies. The basis for certification is a fully trained staff, a comprehensive emergency preparedness plan, and evidence that the staff have practiced the plan through drills and exercises. Participation in the training and exercises provides public health care providers with knowledge of current policies and procedures and the ability to describe and demonstrate their prescribed roles in the event of an emergency. Staff training, plan development at both the departmental and service area level, and testing of vaccination/dispensing plans were achieved during this time period.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Emergency Management Agency, Maryland Department of Health and Mental Hygiene, Maryland Institute for Emergency Medical Services System, Metropolitan Washington Council of Governments, District of Columbia Department of Health, Virginia Health Department, Montgomery County Homeland Security Department, other County departments and offices, Maryland Office of the Chief Medical Examiner, National Association of County and City Health Officials, Centers for Disease Control, Johns Hopkins University, local emergency planning commissions, local civilian and military hospitals.

MAJOR RELATED PLANS AND GUIDELINES: Federal Emergency Management Agency regulations and guidelines, Maryland Emergency Management Agency regulations and guidelines, Maryland Department of Health and Mental Hygiene regulations and guidelines, Metropolitan Washington Council of Governments planning guidance, Centers for Disease Control guidelines and protocols, Montgomery County Code, Montgomery County Emergency Operations Plan.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

School Health Services

PROGRAM ELEMENT:

Case Management and Health Promotion

PROGRAM MISSION:

To assess, develop, and implement a plan of care to meet the health needs of students and provide health education and counseling for students, their families, and the school community to facilitate better management of health conditions

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Percentage of pregnant teens with healthy birthweight babies ^a	92	88	87	81	91	84
Percentage of pregnant teens who enter care in the first trimester	55	50	50	53	53	51
Percentage of students with asthma medication in school who have an asthma health care plan	24	21	50	37	37	39
Service Quality:						
Percentage of asthma students with an asthma health care plan completed within 60 days	NA	NA	NA	NA	NA	TBD
Efficiency:						
Average high school community health nurse caseload for teen pregnancy case management (cases per nurse) ^b	6	6	7	7	7	7
Workload/Outputs:						
Number of pregnant teens case managed ^a	97	106	131	116	143	138
Number of babies born to case managed teens ^a	46	45	56	50	68	71
Number of healthy birth weight babies born to pregnant teens ^a	43	40	49	50	62	53
Number of pregnant teens entering care in the first trimester	49	53	66	58	76	71
Number of students with an asthma health care plan and asthma medications in the healthroom	2,098	2,045	1,950	1,950	1,515	1,977
Number of students identified with diabetes	NA	NA	NA	269	294	TBD
Number of health promotion activities conducted	6,327	2,217	1,975	1,981	2,067	1,981
Inputs:^c						
Expenditures (\$000)	2,446	2,722	3,308	3,320	3,320	3,785
Workyears	47.4	48.6	50.9	50.9	50.9	50.9

Notes:

^aHealthy birth weight babies weigh at least 5.5 pounds at delivery. Results are based on the known birth outcomes at the end of the school year.

^bCommunity health nurses in high schools account for 17.4 workyears in teen pregnancy case management.

^cIt is estimated that 25 percent of the School Health Services budget is directed toward case management and health promotion activities. In FY03, a quality audit was performed which resulted in a reallocation of workyears and expenditures. Additional staff re-allocations occurred for FY04.

EXPLANATION:

School Health Services staff have opportunities to provide health intervention and to teach healthy life choices to improve chances for academic success. Other opportunities are provided through nursing case management of high risk students and health promotion activities. During FY04, there was a reduction in health promotion activities in classrooms, groups, and assemblies as less school time was allowed for school health programs that pulled students from academic activities. School nurse interventions include teen pregnancy/parent support activities, Adults and Children Talking (AACT) groups, and asthma management.

The school nurses facilitate early entry of pregnant teens into prenatal care through interventions and case management. Early interventions and problem identification can improve outcomes for mothers and their babies. In addition, the school nurses organize parent-child communication groups such as AACT to support families in establishing and maintaining open lines of communication and how to utilize and facilitate teachable moments with their children when dealing with issues such as teen pregnancy, sexuality, and asthma management.

In 2002, the National Center for Health Statistics reported that 88.5 percent of U.S. teen mothers under 19 gave birth to babies with healthy birth weights. Teens case managed by school health nurses have consistently had comparable results. The Healthy People 2010 goal for healthy birth weight babies for the general population is 95 percent. Despite the increase in the number of new teen pregnancies case managed by school nurses in FY05, entry in the first trimester of care remained consistent and the percentage of healthy birth weight babies improved by 4 percent.

According to the American Academy of Pediatrics, asthma is the most common chronic disease of childhood, affecting nearly one in thirteen school age children. These children experience more than three times the number of school absences of children without asthma, resulting in loss of learning opportunities and negative long-term consequences. Nurses work to improve students' asthma management and quality of life through individual contacts and in groups such as the Open Airways Program, a research-based asthma education program for students in grades 3-5. School health nurses emphasize the importance of developing and following an Asthma Action Plan (AAP), a tool that assists the student, family, and school staff to take appropriate actions in response to asthma symptoms and ultimately reduce school absenteeism and hospitalizations for children with asthma. Use of the AAP is recommended by the National Heart, Lung, and Blood Institute.

The incidence of diabetes, a medical condition which affects the body's ability to metabolize carbohydrates, is increasing. Students with diabetes require complex case management, including the establishment of an individual health care plan to provide for care during school hours. Possible interventions may include blood glucose and ketone monitoring/testing, insulin administration/monitoring and glucagon administration, and treatment of high and low blood sugar reactions.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Public Schools; Governor's Council on Adolescent Pregnancy; Interagency Committee on Adolescent Pregnancy; Collaboration Council for Children, Youth, and Families; Adventist Health Care; American Lung Association; Montgomery Asthma Improvement Resources Coalition; American Lung Association of Maryland; Maryland State Department of Health and Mental Hygiene; Latino Health Initiative; African American Health Initiative.

MAJOR RELATED PLANS AND GUIDELINES: Maryland State Board of Nursing; COMAR for School Health Services; Maryland Department of Education and Montgomery County Public Schools requirements, guidelines, policies, and directives; Maryland Department of Health and Mental Hygiene and Montgomery County Department of Health and Human Services requirements, guidelines, policies, and directives, including the School Health Services' Manual; COMAR Health Start Case Management Guidelines; Montgomery AIR Strategic Plan; National Asthma Education and Prevention Program: Expert Panel Report 2.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

School Health Services

PROGRAM ELEMENT:

Health Room Services

PROGRAM MISSION:

To assess the health needs of Montgomery County Public Schools (MCPS) students and provide high-quality health interventions to maximize students' availability to learn

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Individuals and families achieving their maximum possible level of self-sufficiency
- Young people making smart choices

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
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Outcomes/Results:

Percentage of students returning to class after a health intervention	90	89	89	87	89	87
Percentage of students who have completed required immunizations	97	99	99	99	99	99

Service Quality:

Percentage of surveyed MCPS teachers satisfied with health services ^a	95	NA	NA	TBD	96	TBD
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Efficiency:

Average cost per health room visit (\$) ^b	5.22	^c 7.15	5.94	7.70	8.33	8.16
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Workload/Outputs:

Number of health room visits (000)	927	794	^d 777	780	786	780
Number of times students were returned to class (000)	835	710	663	665	700	665
Number of immunization records reviewed	49,600	43,401	53,924	54,000	50,657	54,000
Number of students who have completed immunization requirements	48,300	42,916	49,577	50,000	49,612	50,000
Number of students in the process of completing immunization requirements	1,300	485	703	800	616	800

Inputs:

Expenditures (\$000)	6,458	^c 7,573	7,187	8,320	8,320	9,485
Workyears	94.6	^c 127.0	128.4	133.0	133.0	136.0

Notes:

^aThe periodic survey of Montgomery County Public Schools teachers to determine their knowledge of available health room services and the responsiveness of School Health Services to the needs of their students and families will be conducted every other year beginning in FY05.

^bCost is calculated based on 75 percent of total health room services expenditures.

^cA quality audit performed in FY03 resulted in a reallocation of workyears and expenditures.

^dThe FY04 decline in health room visitations is attributed to the increase in the number of students receiving single dose medications at home rather than having to visit the health room for mid-day medications.

EXPLANATION:

The School Health Services Program (SHS) responds to physical, emotional, psychological, and social problems among our school populations which, if left unaddressed, interfere with the primary mission of the school: education. The program includes the provision of emergency, injury, and sick care; administration of medication; and provision of treatments and procedures, including services to medically fragile students and others with chronic health conditions. In support of communicable disease prevention, SHS staff assure through record review, referral, and monitoring that Montgomery County Public Schools students are in compliance with State immunization law.

Services provided at the health room visit allow children to return to their classroom and to participate in learning activities. This investment also promotes the overall health of the community - eliminating health disparities and assuring that children and families access needed health and human services. The percentage of students returning to class after health intervention is consistently high, 89 percent in FY05.

Approximately 68 percent of the School Health Services' budget and workyears is directed toward delivering and supporting various health room services. Seventy-five percent of these health room services are related to the provision of emergency, injury, and sick care; administration of medication; and provision of treatments and procedures. The remainder goes toward record reviews, documentation, and follow-up related to immunization status and State compliance.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Public Schools, Head Start, Linkages to Learning, Interagency Coordinating Committee on Adolescent Pregnancy Prevention and Parenting, American Lung Association, Montgomery County Community Partnership, area hospitals, managed care organizations, health maintenance organizations, health care providers, commissions, standing and ad-hoc committees.

MAJOR RELATED PLANS AND GUIDELINES: U.S. Healthy People 2010; U.S. Department of Health and Human Services' Communicable Disease Center; Federal Occupational Safety and Health Administration; Maryland Occupational Safety and Health; Maryland State Board of Nursing; COMAR for School Health Services and Immunizations; Maryland State Department of Education and Montgomery County Public Schools requirements, guidelines, policies, and directives; Department of Health and Mental Hygiene and Montgomery County Department of Health and Human Services requirements, guidelines, policies, and directives, including the School Health Services' Manual.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM: School Health Services	PROGRAM ELEMENT: Hearing, Vision, and Scoliosis ^a Screening
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PROGRAM MISSION:
To detect and refer school-aged children who may have difficulty learning or functioning in school due to vision, hearing, or scoliosis problems

COMMUNITY OUTCOMES SUPPORTED:
• Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Percentage of students identified and referred for hearing problems	2	2	2	2	2.5	2
Percentage of students identified and referred for vision problems	17	17	19	17	22	17
Percentage of students identified and referred for scoliosis	6	8	8	9	8	9
Service Quality:						
Percentage of kindergarten, 4th, and 8th grade students screened according to State regulations ^b	98	98	98	98	99.5	98
Percentage of 7th grade students screened for scoliosis according to State regulations ^b	86	87	91	87	90.4	84
Efficiency:						
Average cost per hearing and vision screening (\$)	^c 5.12	^d 3.40	3.85	4.25	4.74	4.27
Average cost per scoliosis screening (\$)	^c 6.90	^d 5.04	5.43	5.81	5.12	5.85
Workload/Outputs:						
Number of students screened for hearing	39,600	39,711	43,027	43,316	40,647	43,611
Number of students screened for vision	43,600	43,871	47,232	47,503	40,667	47,731
Number of students screened for scoliosis	9,218	8,424	9,564	8,814	9,777	8,902
Number of students identified and referred for a hearing problem	908	833	973	974	1,050	984
Number of students identified and referred for a vision problem	7,440	7,535	8,814	8,399	8,944	8,458
Number of students identified and referred for possible scoliosis	596	691	750	750	815	758
Inputs:						
Expenditures (\$000)	^c 489	^d 327	399	425	425	484
Workyears	^c 9.4	^d 7.5	7.5	7.5	7.5	7.5

Notes:

^aScoliosis is a skeletal condition that results in curvature of the spine.

^bThere are no State standards for these percentages. Parents have the right to refuse screening, and children already receiving treatment are not screened. In addition, some children do not show up for screening (or for a subsequent re-screening), and some children refuse to be screened.

^cSix 0.62 workyear hearing and vision screening positions were created in FY02.

^dIn FY03, a quality audit was performed which resulted in a reallocation of workyears and expenditures. Three percent of the School Health Services budget is allocated toward provision of hearing, vision, and scoliosis screening. Of this amount, 13 percent is dedicated to scoliosis, and the remaining 87 percent is dedicated to hearing and vision screening.

EXPLANATION:

Students who have difficulty seeing or hearing are unable to maximize their learning experience in the classroom. When vision problems are not detected early, it affects the overall development and learning potential of the child. Researchers Joel Zaba and Roger Johnson have proven that undetected vision problems lead to more serious problems of low-self esteem, anti-social behavior, learning disabilities, delinquency, and peer problems. The American Speech and Language Hearing Association states that children who are diagnosed with hearing problems in grades 1-4 have lower achievement levels. The State of Maryland requires hearing and vision screening for all school aged children in kindergarten, 4th, and 8th grades. In addition, School Health Services staff screen children of any age who are new to the State of Maryland. School Health Services provides staff and funding for screenings in all Montgomery County public schools and accredited private schools.

Screening for scoliosis in Montgomery County public schools is given for 7th grade and other age appropriate students. Initial screenings are given by the Montgomery County Public Schools physical education departments in October and November of each school year. Re-screening is performed by a licensed physical therapist for students with suspect results on the initial screen and or who missed the initial screening. School community health nurses conduct follow-up on any re-screens and subsequent referrals for additional care.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Public Schools, Lions Club, Lenscrafters.

MAJOR RELATED PLANS AND GUIDELINES: Maryland State Board of Nursing; COMAR for School Health Services; Maryland State Department of Education and Montgomery County Public Schools requirements, guidelines, policies, and directives; Maryland Department of Health and Mental Hygiene and Montgomery County Department of Health and Human Services requirements, guidelines, policies, and directives, including the School Health Services' Manual, Annotated Code of Maryland, Section 7-403 and Section 2-206.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM: School Health Services	PROGRAM ELEMENT: School Based Health Centers
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PROGRAM MISSION:
To provide preventative and/or acute health care services to enrolled children to reduce barriers to health care and learning and to foster healthy life-style behaviors

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Percentage of students enrolled in the School Based Health Center Program ^a	90	89	90	91	96	90
Percentage of enrolled students who receive services at School Based Health Centers ^b	59	43	42	42	37	42
Service Quality:						
Percentage of Care for Kids School Based Health Center enrolled students having an annual comprehensive physical exam	NA	NA	NA	75	95	95
Percentage of School Based Health Center enrollees diagnosed with moderate or severe asthma having a completed Asthma Action Plan	NA	NA	NA	75	99	99
Efficiency:						
Average cost per visit (\$)	163	188	240	190	197	206
Workload/Outputs:						
Number of visits for sick care services	843	777	587	850	895	750
Number of visits for well care services	596	485	478	550	547	500
Number of follow-up visits	297	241	243	250	341	250
Number of referrals	160	142	190	210	343	200
Inputs:						
Expenditures (\$000)	283	^c 283	314	314	314	352
Workyears	4.7	^c 1.4	1.4	1.4	1.4	1.4

Notes:
^aPercentage based on student enrollment at the Broad Acres and Harmony Hills elementary schools.
^bHealth services include sick care, well care, and follow-up visits.
^cIn FY03, a quality audit was performed which resulted in a reallocation of workyears and expenditures.

EXPLANATION:
School Based Health Centers (SBHCs) provide sick and well care to students and their siblings who live in two school communities. The Centers, located at Broad Acres and Harmony Hills elementary schools, are a collaborative effort supported by Linkages to Learning, Care For Kids, Montgomery County Public Schools, academic partners, health providers, and other community partners. The SBHC is a Care for Kids (CFK) provider. Fifty percent of the enrollee visits are for the CFK children.

This culturally sensitive interdisciplinary model located on the school site strives to overcome socio-economic, language, transportation, and other factors which are significant barriers to accessing primary health care. In addition to physical health care, behavioral, social, and other services are provided to students and families to support community competency and self-sufficiency. The focus is on preventive health care to identify and reduce health risks, and health counseling and education to promote healthy life choices, optimal health outcomes, and academic success by keeping students in the classroom.

A State grant funds a nurse manager, contracted health service providers (nurse practitioners and pediatricians), and operating costs. The FY04 decrease in the number of visits was due to a reduction in clinic hours and a reduction in demand for sick care during operating hours. In FY05, the reduction hours clinic hours continued, but the average cost per visit improved.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Public Schools, Catholic University of America, Children's National Medical Center, Holy Cross Hospital, Linkages to Learning Resource Team, Mental Health Association, Silver Spring Youth Services.

MAJOR RELATED PLANS AND GUIDELINES: Maryland State Board of Nursing; COMAR for School Health Services; Maryland State Department of Education and Montgomery County Public Schools requirements, guidelines, policies, and directives; Maryland Department of Health and Mental Hygiene and Montgomery County Department of Health and Human Services requirements, guidelines, policies, and directives, including the School Health Services' Manual and the Maryland State Board of Nursing Nurse Practice Act.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM: School Health Services	PROGRAM ELEMENT: School Health Services Center
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PROGRAM MISSION:

To immunize school-aged children, to screen high-risk students for tuberculosis to protect them and the public from vaccine-preventable disease and tuberculosis, and to share child health program information with parents of uninsured children

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Percentage of new students needing immunizations ^a	82	71	59	60	88	60
Percentage of new students screened for tuberculosis ^b	77	68	69	70	70	70
Percentage of students receiving information regarding child health programs ^c	11	16	10	10	22	10
Service Quality:						
Percentage of clients satisfied with the services received	99	99	99	99	99	99
Efficiency:						
Average cost per client visit (\$)	13.56	18.58	21.34	20.56	20.65	20.56
Workload/Outputs:						
Number of student immunization histories reviewed	5,547	4,929	4,916	5,000	4,715	5,000
Number of immunizations given	14,665	12,953	14,413	14,000	14,628	14,000
Number of tuberculosis screens	4,267	3,362	3,409	3,300	3,282	3,300
Number of MCHP/CFK applications given ^d	594	304	483	500	960	500
Number of client visits ^e	14,435	12,349	12,042	12,500	11,896	12,500
Inputs:						
Expenditures (\$000) ^f	195	229	257	257	257	296
Workyears	3.2	3.2	3.2	3.2	3.2	3.2

Notes:

^aReflects the percentage of students who need State required immunization or Centers for Disease Control recommended immunizations. All of these students are immunized by School Health Services Center staff.

^bReflects the percentage of students who come through the clinic (international non-citizen students who have not been in a U.S. school system more than two years, or others who have lived outside of the U.S. one year or more) who were in need of tuberculosis screening.

^cThis information is only given to students identified as uninsured.

^dThe Maryland Children's Health Plan (MCHP) and Care For Kids (CFK) are State and locally funded health coverage plans for uninsured children.

^eThe decreases in the number of visits are related to changes in immigration trends after 9/11/01 and correspond to decreases at the International Students Admissions Office. The trend is expected to plateau in FY05 and FY06.

EXPLANATION:

The School Health Services Center, as an adjunct to the enrollment process of the Montgomery County Public Schools' International Students Admissions Office, provides immunizations and tuberculosis screenings to international students enrolling in the public school system. Walk-in immunization services are provided to any school-aged residents of the County three mornings per week. Staff also provide parents of uninsured children with information on and assistance in applying for the Maryland Children's Health Program and the Care For Kids program.

This is a one-stop shop for international students which expediently determines and/or provides their residential, educational, and health requirements for entering the public school system. In addition, this service provides required immunizations to many of the County's other school-aged residents, thus facilitating their attendance at school.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Public Schools.

MAJOR RELATED PLANS AND GUIDELINES: Maryland State Board of Nursing; COMAR for School Health Services; Maryland State Department of Education and Montgomery County Public Schools requirements, guidelines, policies, and directives; Maryland Department of Health and Mental Hygiene and Montgomery County Department of Health and Human Services requirements, guidelines, policies, and directives, including the School Health Services' Manual and the Maryland State Board of Nursing Nurse Practice Act.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

STD/HIV Prevention and Treatment

PROGRAM ELEMENT:

HIV Case Management

PROGRAM MISSION:

To provide case management services for eligible HIV-infected Montgomery County residents in order to reduce transmission of HIV

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Percentage of HIV infected adolescents and adults who receive testing, treatment, and prophylaxis consistent with current Public Health treatment guidelines	NA	100	100	100	100	100
Percentage of clients who report medication adherence	82	80	85	85	84	87
Percentage of clients who keep their initial appointment ^a	60	65	68	65	68	75
Service Quality:						
Percentage of comprehensive-level ^b clients receiving the standard of one face-to-face contact per month	100	100	100	100	100	100
Efficiency:						
Average cost per client case-managed (\$)	3,147	2,707	^c 2,946	2,904	2,804	3,956
Workload/Outputs:						
Number of clients case-managed	365	407	414	420	435	456
Number of intake appointments for HIV care	116	109	160	120	126	132
Inputs:						
Expenditures (\$000)	1,149	1,102	^c 1,220	1,220	1,220	^d 1,348
Workyears	12.9	12.4	12.4	12.4	12.4	^d 13.0

Notes:

^aClients for whom a Drug Evaluation Unit file was not subsequently opened either did not return for their intake interviews, failed to return with the necessary eligibility information, or moved.

^bThe comprehensive level of care requires a significant involvement in coordination of services for the client, family, and household members.

^cA quality audit conducted in FY04 resulted in a reallocation of expenditures.

^dOne social worker will be added to prevent waiting lists and delays in services and to avoid possible hospitalizations.

EXPLANATION:

Cases are referred for case management to the Dennis Avenue Health Center by HIV/STD testing centers, physicians, hospitals, and other community service agencies, and by persons who have learned of the services from the Internet. An intake is completed that includes a psychosocial assessment, a plan of care, referrals to needed services, and a scheduled appointment for a physical examination, if desired. Anyone who lives in Montgomery County and is HIV positive can receive HIV/AIDS services at the Dennis Avenue Health Center, unless they have medical assistance.

HIV case management involves three levels of care: comprehensive, intermediate, and limited or one-time intervention. The comprehensive level of care involves problem solving with possible follow-up, with the expected duration of the client relationship to last as long as their program participation. The intermediate level of care includes minimal involvement in coordination of services to the client, family, and household members. Limited or one-time intervention consists of problem solving limited to resource identification; the case manager is involved in no more than two contacts. In FY05, 435 clients were case-managed, and 84 percent of clients reported medication adherence.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Whitman Walker Clinic, Montgomery Hospice, Visiting Nurses Association, State Department of Rehabilitation, pharmaceutical companies, Bradley Care Drugs, Statscript Pharmacy, Community Clinic Inc., Montgomery County Community Ministries, Montgomery County Community Partnership, Mobile Medical Care, Mobile Crisis Team, Primary Care Coalition, Recuperative Care Shelter, area hospitals and hospital out-patient clinics, area physicians, HIV Care Consortia, HIV/AIDS Community Coalition, Washington D.C. Metropolitan Planning Council Planning Committee for HIV/AIDS, social service agencies.

MAJOR RELATED PLANS AND GUIDELINES: Maryland AIDS Administration, Title I and Title II Funding Guidelines, COMAR regulations, CARES regulations, service eligibility guidelines, Centers for Disease Control, State of Maryland regulations, Maryland Department of Health and Mental Hygiene.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

STD/HIV Prevention and Treatment

PROGRAM ELEMENT:

STD/HIV Clinical Services

PROGRAM MISSION:

To provide comprehensive services including HIV/STD testing, partner notification, diagnosis, counseling, and treatment for Montgomery County residents in order to reduce the transmission of sexually transmitted diseases (STDs)

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Rate of reportable STDs in Montgomery County per 100,000 population ^a	NA	NA	142	75	126	140
Service Quality:						
Percentage of STD patients tested for HIV	70	79	84	85	74	80
Percentage of STD clients returning for post-test HIV results	46	54	60	60	67	65
Percentage of STD clients satisfied with service ^b	NA	95	90	90	90	95
Efficiency:						
Average cost per STD client (\$)	229	232	470	397	378	502
Workload/Outputs:						
Total number of clients	7,017	7,929	6,082	6,500	7,555	6,500
Number of STD clients assessed	2,949	2,274	3,161	3,000	3,304	3,300
Number of HIV counseling and testing clients assessed (all sources)	4,068	3,655	3,501	4,000	4,251	4,000
Number of STD and HIV investigations conducted	503	555	549	550	508	575
Number of STD clients who returned for post-test HIV results	962	969	1,371	1,200	1,377	1,400
Number of STD clients tested for HIV	2,061	1,811	2,285	2,400	2,458	2,500
Number of people reached in HIV/STD presentations	9,703	1,580	410	500	411	700
Inputs:						
Expenditures (\$000)	1,879	1,838	2,860	2,860	2,860	3,260
Workyears	20.3	19.8	20.5	20.5	20.5	22.6

Notes:

^aThis measure was changed to reflect calendar year data beginning in FY04.

^bSatisfaction surveys are being used in STD and Counseling and Testing Services clinics.

^cReflects a reallocation of workyears.

EXPLANATION:

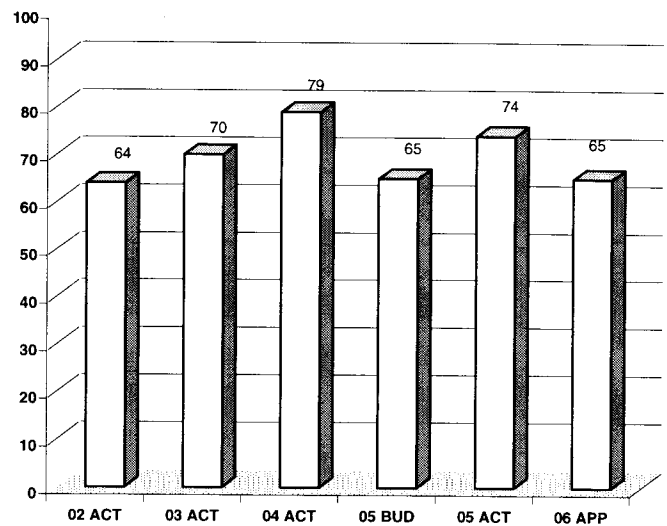
Most reportable sexually transmitted diseases (STDs) have increased in the nation and the County. Montgomery County is third in the State, behind Baltimore City and Prince George's County, in overall STD reports and in the incidence of HIV counseling and testing. In 2004, the State health department reported 1,351 cases of reportable STD's in Montgomery County. In 2005, there were 1,199 reportable STDs in Montgomery County.

Montgomery County's program differs from programs in other Maryland counties in that it offers anonymous and confidential HIV testing and a full service STD clinic using staff cross-trained in both disciplines. Since November 2003, the one hour ORAQUICK HIV test has been offered in the County's HIV testing facility.

A staff vacancy due to military leave affected the number of people reached in HIV/STD presentations again in FY05. The rate of reportable STDs increased. Syphilis, in particular, increased, and chlamydia is now required to be reported. For HIV, the total number of clients rose by 19 percent, the percentage tested for HIV decreased by 11 percent, and the percentage returning for results increased to 67 percent.

In FY06, implementation of the Centers for Disease Control mandate for prevention for HIV/AIDS positives will continue at the Department of Corrections. This initiative is designed to prevent new infections by working with persons diagnosed with HIV and their partners.

Percentage of STD Clients Tested for HIV



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Health and Mental Hygiene, Montgomery County Public Schools, Centers for Disease Control, all local health departments, public and private physicians and hospitals, local health maintenance organizations.

MAJOR RELATED PLANS AND GUIDELINES: COMAR regulations, Centers for Disease Control guidelines, State STD and CTS policy and procedures manual.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

STD/HIV Prevention and Treatment; Dental Services

PROGRAM ELEMENT:

Dental Services for HIV Persons

PROGRAM MISSION:

To ensure access to preventive education and dental treatment services for eligible HIV infected persons from five suburban Maryland counties (Montgomery, Prince George's, Frederick, Calvert, and Charles) in order to reduce the impact of HIV/AIDS-related oral health problems on total health^a

COMMUNITY OUTCOMES SUPPORTED:

- Adults and children who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
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Outcomes/Results:

Number of HIV clinic patients from the five surrounding counties accessing the oral health program	300	^b 246	284	250	285	250
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Service Quality:

Percentage of surveyed clients reporting satisfaction with services	89	100	77	85	95	85
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Efficiency:

Average cost per client (\$)	507	1,210	1,311	1,081	1,429	1,160
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Workload/Outputs:

Number of clients screened and referred	298	^b 138	132	130	121	150
Number of client visits	1,215	^b 818	780	750	729	800

Inputs:

Expenditures (\$000) ^a	151	167	^c 173	173	173	174
Workyears	2.0	2.0	2.0	2.0	2.0	2.0

Notes:

^aThis is a five county program (Montgomery, Prince George's, Frederick, Calvert, and Charles counties) completely grant funded under Federal and State Title I and Title II Ryan White Funds. No County funds are directed to this program.

^bThe Prince George's County dental clinic was closed during all of FY03, limiting services to one site in Montgomery County. No FY03 and FY04 expansion grant funding was awarded.

^cA quality audit conducted in FY04 resulted in a reallocation of expenditures.

EXPLANATION:

According to the recent Surgeon General's Oral Health Report, persons afflicted with HIV disease or AIDS are among the many unserved or underserved populations who continue to experience barriers in trying to access services. Throughout the course of the disease, collaborative case management is needed between medical and dental treatment in order to optimize treatment outcomes. Due to the threat of oral manifestations associated with HIV disease in its earliest stages, preventive education and treatment should be the primary intervention strategy for clients.

In January 1992, under the auspices of the Center for Dental Health and Education, Montgomery County expanded its HIV dental component into a regional dental program designed to provide dental assessments, oral health education, therapeutic dental services, and technical support to HIV/AIDS populations from six Maryland counties. Funding was limited and, as a result of cost-effective planning under the Maryland Suburban Ryan White Alliance, Prince George's County and Montgomery County agreed to implement dental funding under a single administrative agency and to provide a shared dental facility for clients from regional county programs. The program currently serves five counties and provides dental care in two clinics dedicated to HIV services.

The program is grant funded on a two-year renewal cycle. The program has had level funding for the last two renewal cycles (four years). Due to increasing operational costs, there is no opportunity to increase professional hours other than through volunteer professionals. Therefore, the projected case rate will remain at a maximum of 250 clients into the new FY05 - 06 grant cycle.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Washington Hospital Center, Howard University, health departments and HIV programs from five Maryland counties, over 30 agencies from the Maryland Suburban Ryan White Alliance Network, Persons Living with AIDS, Maryland Department of Health and Mental Hygiene.

MAJOR RELATED PLANS AND GUIDELINES: Department of Health and Human Services Center for Dental Health and Education, Maryland Suburban Ryan White Alliance Standards of Care, Maryland Department of Health and Mental Hygiene, Maryland Occupational Safety and Health Administration, Human Resource Services Administration.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Tuberculosis Services

PROGRAM ELEMENT:

Refugee and Migrant Workers Health Assessment

PROGRAM MISSION:

To provide and assure that newly arrived refugees receive comprehensive health assessment and disease intervention to promote their health status and to ensure a good acculturation process and self-sufficiency

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Percentage of refugees receiving health assessment	90	95	95	95	100	95
Percentage of refugees referred and linked with a health care provider for acute or chronic conditions	16	17	13	20	22	20
Service Quality:						
Percentage of refugees screened for TB within two weeks of arrival	95	95	95	95	95	95
Efficiency:						
Average cost per TB screening (\$)	684	996	^a 628	601	611	708
Workload/Outputs:						
Number of refugees receiving health assessments	380	265	427	446	438	450
Number of refugees referred and linked for acute or chronic conditions	59	44	55	60	98	75
Number of refugees screened for TB	380	265	427	446	438	450
Number of refugees screened for hepatitis B	176	123	196	150	237	200
Inputs:						
Expenditures (\$000)	260	264	^a 268	268	268	319
Workyears	3.6	3.6	^a 3.3	3.3	3.3	3.3

Notes:

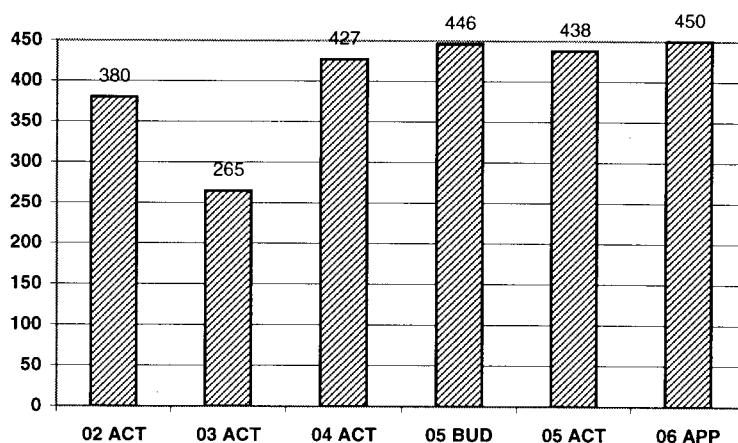
^aA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

The Refugee Health Program ensures that refugees arriving in Montgomery County receive appropriate health screening and referral for acute or chronic conditions. Clients are screened for tuberculosis, HIV/STD, hepatitis B and C, ova, and parasites. Clinic staff are multilingual and multicultural, which enhances the safe delivery of services as they assist the newcomers in the acculturation process.

There was no significant difference in the number of refugees screened in FY04 and FY05 (a level of demand that was considerably higher than the 265 refugees that received health assessments in FY03). Clients with Asylee Immigration Status who are applying for adjustment of their immigration status continue to be included in this population (they qualify to receive the same benefits as refugees).

Number of Refugees Screened for Tuberculosis



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Centers for Disease Control, Maryland Department of Health and Mental Hygiene, Office of Refugee Resettlement, Maryland Office of New Americans.

MAJOR RELATED PLANS AND GUIDELINES: Federal Refugee Act, Centers for Disease Control and Maryland Department of Health and Mental Hygiene guidelines.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:
Tuberculosis Services

PROGRAM ELEMENT:
TB Outreach Case Management

PROGRAM MISSION:
To protect the community from the spread of infectious tuberculosis through active surveillance, early identification, and prompt initiation of treatment

COMMUNITY OUTCOMES SUPPORTED:
• Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Rate of tuberculosis cases per 100,000 population	7.6	9.0	9.2	9.7	10.0	10.0
Percentage of active TB cases receiving treatment under Directly Observed Therapy (DOT) ^a	94	95	89	95	95	95
Percentage of active TB cases completing treatment under DOT	86	100	90	95	98	100
Service Quality:						
Percentage of at-risk persons evaluated during a contact investigation ^b	45	90	90	90	95	90
Percentage of high-risk contacts completing treatment for latent TB infection ^c	NA	NA	NA	NA	70	85
Percentage of clients reporting satisfaction	95	95	95	95	95	95
Efficiency:						
Average cost per screening and treatment (\$)	151	99	164	136	156	164
Workload/Outputs:						
Number of clients referred to the program	6,608	10,104	7,491	9,000	7,844	9,000
Number of clients diagnosed with TB	67	80	81	90	93	93
Inputs:						
Expenditures (\$000)	999	999	^d 1,229	1,229	1,229	^e 1,482
Workyears	13.9	13.9	^d 14.9	14.9	14.9	^e 16.5

Notes:

^aDirectly Observed Therapy is a method in which every dose of anti-tuberculosis medication taken by the patient is directly supervised by the health care worker.

^bA "contact investigation" is a procedure to identify/evaluate people exposed to an infectious case of TB and provide correct medical intervention.

^c"High-risk contacts" are defined as individuals ages 0-18 who have weakened immune systems or who have other chronic conditions and recent positive tuberculin skin test results.

^dA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

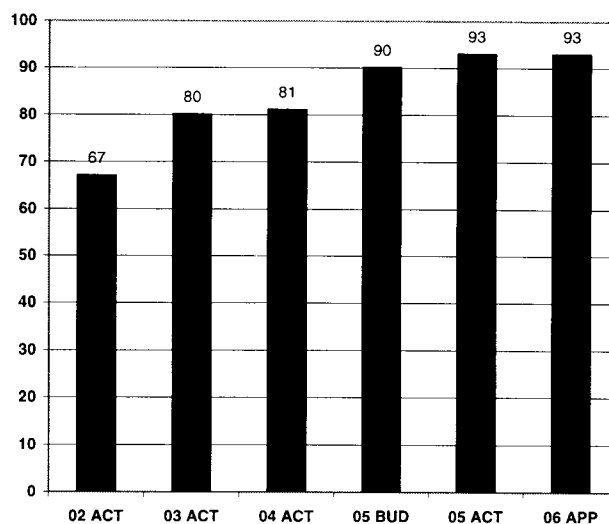
EXPLANATION:

TB program objectives are mandated by Federal and State guidelines. The TB Control Program protects the public health by maintaining constant surveillance, early identification, and prompt treatment using Directly Observed Therapy (DOT) of TB suspects/cases. Contact with active cases is evaluated promptly, and appropriate follow-up measures are initiated. Completion of treatment for latent TB infection continues to be a major public health challenge nationwide. Therefore, new strategies are being implemented to help clients complete this lengthy preventive treatment thereby, minimizing the risk of clients developing active tuberculosis in the future.

The program targets high-risk individuals in the Montgomery County Detention Center, Drug Treatment, HIV, and the foreign-born for active cases of TB (on average, 95 percent of the cases are found among these populations). Educational programs are provided to increase public awareness of TB.

The FY04 decrease in the number of clients referred may be attributed to a change in TB work/school protocols: repeat chest x-rays are not recommended for individuals documented with a positive tuberculin skin test, negative chest x-ray, and negative symptoms of tuberculosis. Also, there were fewer large scale contact investigations. There were no significant changes in the number of clients referred in FY05.

Clients Diagnosed with Tuberculosis



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Centers for Disease Control, Maryland Department of Health and Mental Hygiene, hospitals, School Health, criminal justice system, Drug Treatment Center, Metropolitan Council of Governments.

MAJOR RELATED PLANS AND GUIDELINES: Occupational Safety and Health Administration, Maryland Occupational Safety and Health, Centers for Disease Control, National Institute of Occupational Safety and Health, Maryland Department of Health and Mental Hygiene, COMAR, local guidelines.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Women's Health Services

PROGRAM ELEMENT:

Maternity Program Partnership

PROGRAM MISSION:

To assure access to and the provision of prenatal health care services for uninsured Montgomery County women of childbearing years

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02	FY03	FY04	FY05	FY05	FY06
	ACTUAL	ACTUAL	ACTUAL	BUDGET	ACTUAL	APPROVED
Outcomes/Results:						
Percentage of healthy birth weight babies ^a born to enrolled pregnant women	93	96	97	97.5	95	97.5
Percentage of clients enrolled for care in the first trimester of pregnancy	34	26	31	30	32	31
Service Quality:						
Percentage of clients satisfied with care	NA	NA	96	95	95	96
Efficiency:						
Average cost per pregnant woman enrolled for prenatal care and delivery (\$)	860	779	825	^b 1,080	1,091	1,122
Workload/Outputs:						
Number of pregnant women enrolled for maternity care	1,279	1,431	1,596	1,700	1,798	1,810
Number of pregnant women enrolled for care in the first trimester of pregnancy	426	367	495	448	575	480
Number of enrolled pregnant women who deliver	1,198	1,172	1,406	1,264	1,484	1,604
Number of babies born with a healthy birth weight	1,114	1,125	1,360	1,232	1,690	1,439
Inputs:						
Expenditures (\$000)	1,100	1,115	1,317	1,836	1,963	2,031
Workyears	4.5	4.5	4.5	4.5	4.5	6.8

Notes:
^aHealthy birth weight is a baby weighing more than 2,500 grams (about 5.5 pounds).

^bThe cost to provide services has increased.

EXPLANATION:

The Maternity Program Partnership, which was fully implemented in September 1999, is composed of two components. The Department of Health and Human Services-Holy Cross Hospital Maternity Program Partnership provides low-income, uninsured women access to comprehensive clinical obstetric services through a multi-disciplinary public-private partnership with Holy Cross Hospital and the Department of Health and Human Services' Project Deliver Program. The program also provides reimbursement and medical malpractice coverage for private sector obstetricians and gynecologists for labor and delivery services at Holy Cross Hospital.

Scientific analysis has found a strong association between early and continuous prenatal care and improvement in pregnancy outcomes. Studies evaluating the impact of prenatal care on neonatal morbidity found low birth weight, premature rupture of the membranes, pre-term delivery, and intensive care nursery admissions more likely in women who received little or no prenatal care than in those who received prenatal care from a publicly funded program. It is estimated that for each dollar spent on prenatal care for this population, \$53.66 was saved in hospital charges. Regardless of socio-economic status, women who fail to get early, regular, comprehensive prenatal care are at greater risk for having a low birth weight baby.

The percentage of healthy birth weight babies among the population served by this program was 95 percent in FY05, and the number of babies born with a healthy birth weight increased by 330 that year. Enrollment in the program rose by 202 in FY05, while the percentage of Department of Health and Human Services clients entering care in their first trimester remained unchanged at 32%.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Community and School Health Services; Communicable Disease and Epidemiology; Holy Cross Hospital; Crittenton Services; Barwood and Regency cab companies; Department of Health and Mental Hygiene's Center for Maternal and Child Health; Planned Parenthood; Women, Infants, and Children Program.

MAJOR RELATED PLANS AND GUIDELINES: American College of Obstetrics and Gynecology standards and guidelines, Centers for Disease Control, Food and Drug Administration (radiology standards), Department of Health and Mental Hygiene Maternal Health Clinical Guidelines, Holy Cross Hospital Clinical Pathways for Maternal Health, Healthy Start Reference Manual, Centers for Medicare and Medicaid Services.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Women's Health Services

PROGRAM ELEMENT:

Reproductive/GYN Health Services

PROGRAM MISSION:

To assure access to reproductive health/gynecological services for indigent women of childbearing age through contractual agreements with community partners

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
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Outcomes/Results:

Percentage of indigent women of childbearing age receiving services ^a	9	8	6	8	8	9
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Service Quality:

Percentage of clients receiving an appointment within 30 days of their initial referral	100	90	100	100	100	100
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Efficiency:

Annual cost per client for comprehensive services (\$)	117	141	182	127	148	137
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Workload/Outputs:

Number of family planning visits	^b 7,000	5,301	3,957	5,500	4,607	6,000
Number of women enrolled	3,500	2,476	3,150	3,000	2,697	3,000
Number of women having at least one visit during the fiscal year	3,500	2,900	2,196	3,000	2,697	3,000

Inputs:

Expenditures (\$000)	409	409	^c 400	400	400	411
Workyears	1.0	1.0	^c 0.9	0.9	0.9	0.9

Notes:

^aThe Census 2003 survey by the Maryland-National Capital Park and Planning Commission, Research and Technology Center, estimates that the number of eligible women of childbearing age in Montgomery County is 36,880 (using Federal regulations and Department of Health and Human Services program poverty guidelines of 250 percent of the Federal Poverty Level).

^bEstimate. The necessary report from the Public Health Services' PULS database was delayed due to lack of funding.

^cA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

The County provides comprehensive reproductive health and gynecological services for uninsured, indigent women with incomes up to 250 percent of the Federal Poverty Level through contractual agreements with community providers. County funding is supplemented through a State Reproductive Health Title X grant. Providers have cultural and linguistic capacity. Eligible clients are referred to the State's Breast and Cervical Cancer Diagnosis and Treatment Program as appropriate for gynecological consultative services. County Maternity Program Partnership clients enrolled for prenatal care are referred into reproductive health care/gynecological services after their postpartum appointment. Teens constitute 20 percent of the total reproductive health enrollment. Arrangements continue for fast-track referrals from the County's Sexually Transmitted Disease clinics into family planning services after treatment. In addition, through the Improved Pregnancy Outcome grant and the combined Reproductive Health/Family Planning grant, the County has specifically targeted perinatal partnerships and quality assurance standards/credentialing. These efforts have included community and provider education, public awareness activities, and continued network development. This comprehensive approach is designed to reduce unintended pregnancy, improve pregnancy outcomes, and improve the health of adolescents and other high-risk groups.

In FY05, the number of family planning visits and women enrolled decreased by 15% from FY04, attributable to the increase in co-payment for women with income above 100 percent of the Federal Poverty Level. In FY06, greater efforts are planned to reach those adolescents at risk for teenage pregnancy, particularly those not enrolled in school and teens living in poverty. Other outreach activities will be to develop and print family planning/reproductive health flyers in both English and Spanish.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Community Health, School Health, and Communicable Disease and Epidemiology programs; Planned Parenthood of Metropolitan Washington, Inc., Department of Health and Mental Hygiene's Center for Maternal and Child Health.

MAJOR RELATED PLANS AND GUIDELINES: American College of Obstetricians and Gynecologists standards and guidelines, Centers for Disease Control, State Department of Health and Mental Hygiene's Family Planning Clinical and Administrative guidelines, Contraceptive Technology.

HEALTH AND HUMAN SERVICES

Public Health Services

PROGRAM:

Women's Health Services

PROGRAM ELEMENT:

Women's Cancer Control Program

PROGRAM ELEMENT MISSION:

To reduce mortality rates through early detection and linkage to follow-up care

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy

PROGRAM MEASURES

	FY02 ACTUAL	FY03 ACTUAL	FY04 ACTUAL	FY05 BUDGET	FY05 ACTUAL	FY06 APPROVED
Outcomes/Results:						
Total number of cancers detected	18	17	15	25	11	15
Number of cancers detected in early stages	13	14	14	20	10	10
Percentage of breast cancers detected in early stages	62	76	93	80	91	90
Service Quality:						
Percentage of women satisfied or very satisfied with treatment program services	100	100	100	100	100	100
Efficiency:						
Average cost per screening (\$)	310	299	324	377	371	441
Workload/Outputs:						
Number of women screened	2,527	2,620	2,320	2,000	2,029	2,000
Number of women returning for annual routine screening	1,765	1,782	1,763	1,500	1,669	1,500
Percentage of women retained for annual routine screening	76	68	76	75	82	75
Number of women with abnormal findings ^a who are case managed	850	650	580	500	407	500
Inputs:						
Expenditures (\$000) ^b	783	783	^c 753	753	753	881
Workyears	7.0	7.0	^c 6.5	6.5	6.5	6.5

Notes:
^aAbnormal findings include suspected cancers and/or actual cancer.

^bThis program is 100 percent grant funded.

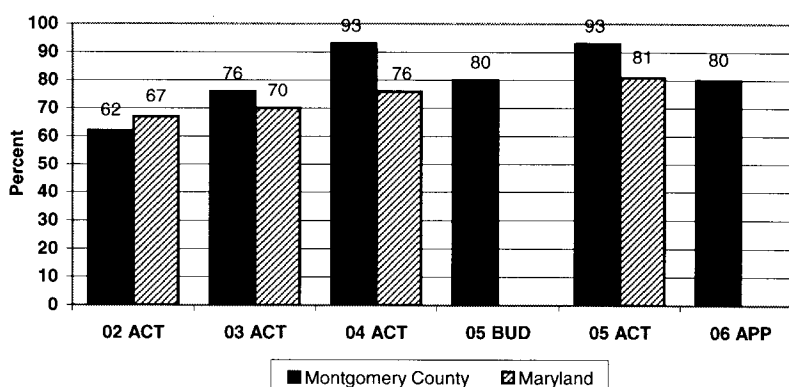
^cA quality audit conducted in FY04 resulted in a reallocation of workyears and expenditures.

EXPLANATION:

Women's Cancer Control provides breast cancer screening services to women between 40 and 49 years of age, and breast and cervical cancer screenings to women 50 and over who are uninsured and whose income is below 250 percent of the Federal Poverty Level. These services are offered to reduce mortality rates through early detection and linkage to follow-up care.

Montgomery County breast cancer cases detected through early screening as a result of the breast cancer screening program have consistently been comparable to State of Maryland results. The percentage of cancers found through early detection will increase as more women are screened on an annual basis.

Percentage of Breast Cancers Found Through Early Detection



PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Washington Adventist, Holy Cross and Shady Grove Adventist Hospitals, Suburban Hospital, Spanish Catholic Clinic, Proyecto Salud, American Cancer Society, physicians, radiology facilities, Centers for Disease Control, Maryland Department of Health and Mental Hygiene.

MAJOR RELATED PLANS AND GUIDELINES: Centers for Disease Control, State regulations, American College of Obstetricians and Gynecologists, Food and Drug Administration (radiology standards), Clinical Laboratory Improvement Amendments (CLIA).